

APPENDIX A

1987 Interval Questionnaire

CASE ID #

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U.S. Air Force Health Study 1987-1988



NORC
University of Chicago
1987

TIME AM 10-13/
 BEGAN PM

SECTION 1: INTRODUCTION

This part of the study asks about the health of current and former Air Force Members and their families.

At various points in the questionnaire, we will be using the term "biological" to describe family relationships. For example, we might ask about your "biological" children. When we use this term, we do not mean your step-children or step-parents or people related to you through adoption. We mean people related to you by blood.

You may refuse to answer any question you choose. However, we and the Air Force ask that you answer as many of the questions as you can, so the results will accurately and fully tell your story. I'd also like to emphasize that we need as accurate a picture as you can remember. So when we ask you about the dates of events in your life, please think carefully.

First I have a few background questions to ask you.

1. My records indicate that your date of birth is (DATE OF BIRTH, FROM INFORMATION SHEET, ITEM 1). Is that correct?

Yes1 14/

No (CORRECT INFORMATION SHEET, AND GO TO Q.2)...2

2. Do you remember the month and year of your last interview for this study? (IF NOT INTERVIEWED PREVIOUSLY, USE REFERENCE DATE OF DEC. 31, 1982.)

A. Was it in 1981, 1982, 1985, or 1986 (RECORD ON INFORMATION SHEET)

B. What month did the interview take place? (RECORD ON INFORMATION SHEET. IF R CAN'T REMEMBER EXACT MONTH ASK C)

C. Was it in the Spring, Summer, Fall or Winter?
 (INTERVIEWER: IF SPRING, RECORD ON INFO SHEET AS MARCH
 IF SUMMER, RECORD ON INFO SHEET AS JUNE
 IF FALL, RECORD ON INFO SHEET AS SEPTEMBER
 IF WINTER, RECORD ON INFO SHEET AS DECEMBER)

INTERVIEWER: CONTINUE TO FIND OUT FROM THE RESPONDENT ANY OTHER BLANK OR MISSING INFORMATION IN THE INFORMATION SHEET. RECORD ON THE INFORMATION SHEET.

3. INTERVIEWER: SEE INFORMATION SHEET. WAS R INTERVIEWED IN 1983 OR 1986?

Yes(SKIP TO SEC 2 P.3).....1

No1

4. INTERVIEWER: ASK A FOR RESPONDENT; THEN ASK B AND C FOR PARENTS

A. RESPONDENT	B. MOTHER	C. FATHER
To which of the following racial or ethnic groups do you belong? (CODE ALL THAT APPLY) (PROBE: What others?)	To which of the following racial or ethnic groups does your biological mother belong? (CODE ALL THAT APPLY) (PROBE: What others?)	To which of the following racial or ethnic groups does your biological father belong? (CODE ALL THAT APPLY) (PROBE: What others?)
English/Welsh....01 15-16/	English/Welsh....01 51-52/	English/Welsh....01 16-17/
Scottish.....02 17-18/	Scottish.....02 53-54/	Scottish.....02 18-19/
German.....03 19-20/	German.....03 55-56/	German.....03 20-21/
Irish.....04 21-22/	Irish.....04 57-58/	Irish.....04 22-23/
Scandinavian....05 23-24/	Scandinavian....05 59-60/	Scandinavian....05 24-25/
Polish.....06 25-26/	Polish.....06 61-62/	Polish.....06 26-27/
Russian.....07 27-28/	Russian.....07 63-64/	Russian.....07 28-29/
Other Slavic....08 29-30/	Other Slavic....08 65-66/	Other Slavic....08 30-31/
Jewish.....09 31-32/	Jewish.....09 67-68/	Jewish.....09 32-33/
French.....10 33-34/	French.....10 69-70/	French.....10 34-35/
Italian.....11 35-36/	Italian.....11 71-72/	Italian.....11 36-37/
Spanish.....12 37-38/	Spanish.....12 73-74/	Spanish.....12 38-39/
Mexican.....13 39-40/	Mexican.....13 75-76/	Mexican.....13 40-41/
Greek.....14 41-42/	Greek.....14 77-78/	Greek.....14 42-43/
American Indian..15 43-44/	American Indian..15 79-80/	American Indian..15 44-45/
Asian.....16 45-46/	Asian.....16 10-11/	Asian.....16 46-47/
African (or Black American)..17 47-48/	African (or Black American)..17 12-13/	African (or Black American)..17 48-49/
Other (SPECIFY)	Other (SPECIFY)	Other (SPECIFY)
.....18 49-50/	.....18 14-15/	.....18 50-51/

HAND
 CARD
 A

BEGIN DECK 02

SECTION 2: EDUCATION

- 1A. My records show that when you were last interviewed you had received a (DEGREE LAST OBTAINED FROM ITEM 2, INFORMATION SHEET). Is that correct? (IF MISSING, ADD TO INFO SHEET AND CONTINUE)

Yes.....1

No.....(CORRECT INFO SHEET AND GO TO Q.1B).....2

- 1B. Have you received any (additional) regular school certificates, diplomas or degrees since that time, that is, since (DATE OF LAST INTERVIEW)?

Yes.....(ASK A AND B).....1

No.....(SKIP TO Q.2).....2

52/

INTERVIEWER: FOR EACH DEGREE CODED IN A, ASK B.

A.

What certificates, diplomas, and/or degrees did you get? (CODE ALL THAT APPLY)

B.

In what year did you receive (DEGREE IN A.)? RECORD YEAR

High school diploma.....01	53-54/	19 <input type="text"/> <input type="text"/> Year	53-56/
High school equivalency diploma.....02	57-58/	19 <input type="text"/> <input type="text"/> Year	59-60/
Associate of Arts (A.A.).....03	61-62/	19 <input type="text"/> <input type="text"/> Year	63-64/
Bachelor of Arts (B.A.) or Bachelor of Science (B.S.).....04	65-66/	19 <input type="text"/> <input type="text"/> Year	67-68/
Masters (M.A. or M.S.).....05	69-70/	19 <input type="text"/> <input type="text"/> Year	71-72/
Doctorate (Ph.D., M.D., Ed.D., Sc.D.)..06	73-74/	19 <input type="text"/> <input type="text"/> Year	75-76/
Others (SPECIFY)			
.....07	77-78/	19 <input type="text"/> <input type="text"/> Year	79-80/
No certificate, diploma, or degree (volunteered).....08	BEGIN DECK 03 10-11/		

A-3

NAME
CARD
B

2. Since (DATE OF LAST INTERVIEW) have you participated in any civilian job training programs (other than the formal schooling that we discussed), that prepared you for a major change in your occupation?

Yes.....(ASK A).....1

No.....(SKIP TO Q.3).....2

12/

1ST PROGRAM

2ND PROGRAM

3RD PROGRAM

- A. For what kind of work was your first civilian training program preparing you?

PROBE: What would your main duties be if you went into this line of work?

- E. For what kind of work was your second civilian training program preparing you?

PROBE: What would your main duties be if you went into this line of work?

- I. For what kind of work was your third civilian training program preparing you?

PROBE: What would your main duties be if you went into this line of work?

- B. In what month and year did you start this training?

Month Year
16-19/

- F. In what month and year did you start this training?

Month Year
28-31/

- J. In what month and year did you start this training?

Month Year
40-43/

- C. In what month and year did you complete this training?

Month Year
20-23/

- G. In what month and year did you complete this training?

Month Year
32-35/

- K. In what month and year did you complete this training?

Month Year
44-47/

CURRENTLY IN TRAINING...1

CURRENTLY IN TRAINING...1

CURRENTLY IN TRAINING...1

- D. Have you participated in any other civilian job training program that prepared you for a major change in your occupation?

Yes.....(ASK E).....1 24/

No..(SKIP TO Q.3)..2

- H. Have you participated in any other civilian job training program that prepared you for a major change in your occupation?

Yes..(ASK I).....1 36/

No..(SKIP TO Q.3)..2

- L. Have you participated in any other civilian job training program that prepared you for a major change in your occupation?

Yes(GO TO NEW QUEX)..1 48/

No..(GO TO Q.3).....2

3. Have you served in the military full-time on active duty since (DATE OF LAST INTERVIEW).

Yes.....1 49/

No.....(SKIP TO SECTION 3).....2

4. Are you currently serving in the military on active duty?

Yes.....1 50/

No.....2

5. Now, let's talk about any military and specialized training programs that prepared you for a major change in your occupation. Since (DATE OF LAST INTERVIEW), (and besides the formal schooling and job training programs you've told me about), have you participated in any military technical or specialized training programs that prepared you for a major change in your career?

Yes....(ASK A-E).....1 51/

No.(SKIP TO SECTION 3)..2

5. (Continued)

1ST PROGRAM

2ND PROGRAM

3RD PROGRAM

A. For what kind of work was your first military training program preparing you?

F. For what kind of work was your second military training program preparing you?

K. For what kind of work was your third military training program preparing you?

B. What is the AFSC for that job?

G. What is the AFSC for that job?

L. What is the AFSC for that job?

52-56/

66-70/

10-14/

C. In what month and year did you start this training?

H. In what month and year did you start this training?

M. In what month and year did you start this training?

Month Year 57-60/

Month Year 71-74/

Month Year 15-18/

D. In what month and year did you complete this training?

I. In what month and year did you complete this training?

N. In what month and year did you complete this training?

Month Year 61-64/

Month Year 75-78/

Month Year 19-22/

CURRENTLY IN TRAINING..1

CURRENTLY IN TRAINING..1

CURRENTLY IN TRAINING..1

E. Have you participated in any other military job training program that prepared you for a major change in your occupation?

J. Have you participated in any other military job training program that prepared you for a major change in your occupation?

O. Have you participated in any other military job training program that prepared you for a major change in your occupation?

Yes...(ASK F)..1 65/

Yes...(ASK K)..1 79/

Yes(NEW QUEX)..1 23/

No.....,2

No.....2

No.....2

SECTION 3: EMPLOYMENT

Now I have some questions about working. Please tell me about any jobs you've had that lasted for 3 months or longer since (DATE OF LAST INTERVIEW). Include current or newly found jobs. If you had more than one job at the same time, please tell me about each job separately. Count changes of jobs for the same employer as separate jobs. Do not include jobs in the military. Let's start with the most recent regular job you've had and work back in time to (DATE OF LAST INTERVIEW).

1. In what month and year did you start your current job, or if you don't have a current job, your most recent job that lasted 3 months or longer?

_____/_____/_____
Month Year

28-31/

NO CIVILIAN JOBS (SKIP TO SECTION 4).....1

32/

- A. What (is/was) the name of your employer?

33-57/

- B. (Is/Was) this a full-time or part-time job?

Full-time.....1

58/

Part-time.....2

- C. What kind of business (is/was) that--what (do/did) they make or do there?

59-61/

- D. What (do/did) you actually do on the job--what (are/were) some of your main duties?

62-64/

1. (Continued)

- E. Please look at this card and tell me which number best describes the kind of industry you (work/worked) in? (WRITE IN NUMBER)

HAND
CARD
C

ENTER NUMBER: _____

65-66/

- F. In what month and year did this job end or is this your current job?

_____/_____/_____
Month Year

67-70/

CURRENT JOB.....(SKIP TO Q.2).....1

71/

- G. What was the main reason you stopped working on your job?

72-73/

2. While working at (EMPLOYER) (do/did) you come in contact with any of the substances on this card? By contact I mean that you inhaled, tasted, had skin contact with these fibers and chemicals or were exposed to ionizing or nuclear radiation.
CODE ALL THAT APPLY

FOR EACH SUBSTANCE
CODED IN Q.2, ASK A.

- A. In general, how many days a month did you come in contact with (SUBSTANCE)?

Less than
once a month

Asbestos.....01	74-75/	____/____/____ days	.....95	76-77/
BEGIN DECK 05				
Ionizing or nuclear radiation.....02	10-11/	____/____/____ days	.....95	12-13/
Industrial chemicals.....03	14-15/	____/____/____ days	.....95	16-17/
Insecticides or pesticides.....04	18-19/	____/____/____ days	.....95	20-21/
Degreasing chemicals.....05	22-23/	____/____/____ days	.....95	24-25/
Defoliants or herbicides.....06	26-27/	____/____/____ days	.....95	28-29/
None of the above (SKIP TO Q.5)....07	30-31/			

HAND
CARD
D

3. While you were on that job, how often (do/did) you wash to remove the (SUBSTANCES) or use protective gear -- would you say all of the time, some of the time, or never?

All of the time.....1 32/
Some of the time.....2
Never.....(SKIP TO Q.5).....3

4. Which of the following (do/did) you use on that job? (CODE ALL THAT APPLY)

Air filter.....01 33-34/
Goggles.....02 35-36/
Face shield.....03 37-38/
Special clothing.....04 39-40/
Washing facilities.....05 41-42/
Self-contained or supplied
air breathing apparatus.....06 43-44/
None.....07 45-46/

5. Did you have another job before the job with (NAME IN Q.1A) but, since (DATE OF LAST INTERVIEW) that lasted 3 months or longer?

Yes.....1 47/
No.....(SKIP TO Q.21).....2

6. In what month and year did you start that job?

Month Year 48-51/

- A. What was the name of your employer?

32-76/

- B. Was this a full-time or part-time job?

Full-time.....1 77/
Part-time.....2

6. (Continued)

- C. What kind of business was that--what did they make or do there?

10-12/

- D. What did you actually do on the job--what were some of your main duties?

13-15/

- E. Please look at this card and tell me which number best describes the kind of industry you worked in? (WRITE IN NUMBER)

HAND
CARD
C

ENTER NUMBER: [] []

16-17/

- F. In what month and year did this job end?

Month Year

18-21/

CURRENT JOB:....(SKIP TO Q.7)....0001

- G. What was the main reason you stopped working on your job?

22-23/

7. While working at (EMPLOYER) did you come in contact with any of the substances on this card? By contact I mean that you inhaled, tasted, had skin contact with these fibers and chemicals, or were exposed to ionizing or nuclear radiation.
(CODE ALL THAT APPLY)

FOR EACH SUBSTANCE
CODED IN Q.7, ASK A.

- A. In general how many days a month did you come in contact with (SUBSTANCE)?

Less than
once a month

Asbestos.....01	24-25/ <input type="checkbox"/> days	.....95	26-27/
Ionizing or nuclear radiation....02	28-29/ <input type="checkbox"/> days	.....95	30-31/
<u>HAND</u> <u>CARD</u> <u>D</u> Industrial chemicals.....03	32-33/ <input type="checkbox"/> days	.....95	34-35/
Insecticides or pesticides.....04	36-37/ <input type="checkbox"/> days	.....95	38-39/
Degreasing chemicals.....05	40-41/ <input type="checkbox"/> days	.....95	42-43/
Defoliants or herbicides.....06	44-45/ <input type="checkbox"/> days	.....95	46-47/
None of the above (SKIP TO Q.10).07	48-49/		

8. While you were on that job, how often did you wash to remove the (SUBSTANCES) or use protective gear -- would you say all of the time, some of the time, or never?

All of the time.....1 50/
Some of the time.....2
Never.....(SKIP TO Q.10).....3

9. Which of the following did you use on that job? (CODE ALL THAT APPLY)

<u>HAND</u> <u>CARD</u> <u>E</u> Air filter.....01	51-52/
Goggles.....02	53-54/
Face shield.....03	55-56/
Special clothing.....04	57-58/
Washing facilities.....05	59-60/
Self-contained or supplied air breathing apparatus.....06	61-62/
None.....07	63-64/

10. Did you have another job before the job with (NAME IN Q.6A) but, since (DATE OF LAST INTERVIEW)?

Yes.....1 65/
No(SKIP TO Q.21).....2

11. In what month and year did you start that job?

☐ ☐ ☐
Month Year

66-69/

BEGIN DECK 07

- A. What was the name of your employer?

10-34/

- B. Was this a full-time or part-time job?

Full-time.....1 35/
Part-time.....2

- C. What kind of business was that--what did they make or do there?

36-38/

- D. What did you actually do on the job--what were some of your main duties?

39-41/

- E. Please look at this card and tell me which number best describes the kind of industry you worked in?

HAND
CARD
C

ENTER NUMBER: ☐ ☐

42-43/

11. (Continued)

F. In what month and year did this job end?

Month		Year	

44-47/

CURRENT JOB:....(SKIP TO Q.12)....0001

G. What was the main reason you stopped working on your job?

48-49/

12. While working at (EMPLOYER) did you come in contact with any of the substances on this card? By contact I mean that you inhaled, tasted, had skin contact with these fibers and chemicals, or were exposed to ionizing or nuclear radiation.
CODE ALL THAT APPLY

FOR EACH SUBSTANCE
CODED IN Q.12, ASK A.

A. In general how many days a month did you come in contact with (SUBSTANCE)?
Less than
once a month

Asbestos.....01	50-51/		days	.....95	52-53/
Ionizing or nuclear radiation....02	54-55/		days	.....95	56-57/
Industrial chemicals.....03	58-59/		days	.....95	60-61/
Insecticides or pesticides.....04	62-63/		days	.....95	64-65/
Degreasing chemicals.....05	66-67/		days	.....95	68-69/
Defoliants or herbicides.....06	70-71/		days	.....95	72-73/
None of the above (SKIP TO Q.15).07	74-75/				

13. While you were on that job, how often did you wash to remove the (SUBSTANCES) or use protective gear -- would you say all of the time, some of the time, or never?

All of the time.....1

76/

Some of the time.....2

Never.....(SKIP TO Q.15).....3

14. Which of the following did you use on that job? (CODE ALL THAT APPLY)

Air filter.....01	10-11/
Goggles.....02	12-13/
Face shield.....03	14-15/
Special clothing.....04	16-17/
Washing facilities.....05	18-19/
Self-contained or supplied air breathing apparatus.....06	20-21/
None.....07	22-23/

HAND
CARD
E

15. Did you have another job before job with (NAME IN Q.11A), but since (DATE OF LAST INTERVIEW)?

Yes.....1 24/

No(SKIP TO Q.21).....2

16. In what month and year did you start that job?

Month		Year	

25-28/

A. What was the name of your employer?

29-53/

B. Was this a full-time or part-time job?

Full-time.....1

54/

Part-time.....2

C. What kind of business was that--what did they make or do there?

55-57/

16. (Continued)

D. What did you actually do on the job--what were some of your main duties?

58-60/

E. Please look at this card and tell me which number best describes the kind of industry you worked in? (WRITE IN NUMBER)

HAND
CARD
C

ENTER NUMBER:

61-62/

F. In what month and year did this job end?

Month Year

63-66/

CURRENT JOB:....(SKIP TO Q.17)....0001

G. What was the main reason you stopped working on your job?

67-68/

17. While working at (EMPLOYER) did you come in contact with any of the substances on this card? By contact I mean that you inhaled, tasted, had skin contact with these fibers and chemicals, or were exposed to ionizing or nuclear radiation. (CODE ALL THAT APPLY)

FOR EACH SUBSTANCE
CODED IN Q.17, ASK A.

A. In general, how many days a month did you come in contact with (SUBSTANCE)?
Less than
once a month

Asbestos.....01	69-70/	<input type="text"/> days	.....95	71-72/
Ionizing or nuclear radiation....02	73-74/	<input type="text"/> days	.....95	75-76/
Industrial chemicals.....03	77-78/	<input type="text"/> days	.....95	79-80/
BEGIN DECK 09				
Insecticides or pesticides.....04	10-11/	<input type="text"/> days	.....95	12-13/
Degreasing chemicals.....05	14-15/	<input type="text"/> days	.....95	16-17/
Defoliants or herbicides.....06	18-19/	<input type="text"/> days	.....95	20-21/
None of the above (SKIP TO Q.20).07	22-23/			

HAND
CARD
D

18. While you were employed at that job how often did you wash to remove the (SUBSTANCES) or use protective gear -- would you say all of the time, some of the time, or never?

All of the time.....1

24/

Some of the time.....2

Never.....(SKIP TO Q.20).....3

19. Which of the following did you use on that job? CODE ALL THAT APPLY

Air filter.....01 25-26/

Goggles.....02 27-28/

Face shield.....03 29-30/

Special clothing.....04 31-32/

Washing facilities.....05 33-34/

Self-contained or supplied
air breathing apparatus.....06 35-36/

None.....07 37-38/

20. Did you have another job before the job (NAME IN Q.16A), but since (DATE OF LAST INTERVIEW)?

Yes.....(USE NEW QUES).....1 39/

No.....2

21. During the past six months, did illness or injury keep you from work, not counting work around the house?

Yes.....1 40/

No.....(SKIP TO SECTION 4)...2

Retired.....(SKIP TO SECTION 4)...3

Unemployed..(SKIP TO SECTION 4)...4

22. Altogether, how many days did illness or injury keep you from work during the past six months? (REFERS TO "WORKING DAYS" ONLY)

ENTER NUMBER OF DAYS:

41-43/

23. What illnesses or injuries caused you to miss work?

44/

SECTION 4: MILITARY

1. INTERVIEWER: WAS R INTERVIEWED IN 1985 OR 1986? SEE INFORMATION SHEET.

YES.....(SKIP TO Q3).....1

NO.....2

2. Which of the following statements best describes your assignment during the Vietnam War?

HAND
CARD
F

A crew member in Vietnam who was on flying status.....1 45/

Not a crew member, but flew one or more missions in Vietnam..2

A crew member, but did not log flying time in Vietnam.....3

Not a crew member.....4

3. INTERVIEWER: HAS R SERVED IN MILITARY ON ACTIVE DUTY SINCE LAST INTERVIEW? (IS Q.3 IN SECTION 2, PAGE 5, CODED "YES"?)

YES.....(GO TO Q.4).....1 46/

NO.....(SKIP TO SECTION 5).....2

Now I am going to ask you about some of your experiences in the military.

4. Since (DATE OF LAST INTERVIEW) have you retired, been discharged or separated from the (BRANCH OF SERVICE FROM INFORMATION SHEET ITEM 3)? (IF BRANCH MISSING, ASK AND ADD TO INFO SHEET.)

Yes.....(ASK A THROUGH C).....1 47/

No.....(SKIP TO Q.5).....2

A. Were you retired, discharged or separated?

Retired.....1 48/

Discharged/Separated.....2

B. In what month and year were you (retired/discharged/separated) from the (BRANCH OF SERVICE FROM INFORMATION SHEET ITEM 3)?

Month Year

Month Year

49-52/

4. (Continued)

C. Following your (retirement/separation/discharge) in (DATE IN B.), did you re-enter the armed forces?

Yes.....1 53/

No.....2

5. I would like to ask you the names of all the countries, including the United States, you have been stationed in since (DATE OF LAST INTERVIEW)

When last interviewed you were stationed in (COUNTRY FROM INFORMATION SHEET ITEM 3), and your assignment began in (DATE OF ASSIGNMENT FROM INFORMATION SHEET ITEM 3). Is that correct?

Yes....(ASK B THROUGH K).....1 54/

No...(CORRECT INFORMATION SHEET, THEN ASK B THROUGH K).....2

Missing.....(ASK COUNTRY AND DATE OF ASSIGNMENT, THEN ADD TO INFO SHEET AND ASK B THROUGH K).....3

No Active Duty At Last Interview(ASK A THROUGH K).....4

5. (Continued)

BEGIN DECK 10

A. Since (DATE OF LAST INTERVIEW), in what country were you next stationed while on active duty? Include temporary duties of greater than 90 days.

COUNTRY
35-36/

B. In what month and year did you begin and end active duty in (COUNTRY)?

BEGIN
Month Year
37-40/
END
Month Year
61-64/
Current.....1

C. What specific job assignments (do/did) you have in (COUNTRY) since (DATE OF LAST INTERVIEW)? Can you give me the Air Force Speciality Code? (PROBE: What others?)

1. 65-69/
2. 70-74/
3. 75-79/

L. Since (DATE OF LAST INTERVIEW), in what country were you next stationed while on active duty? Include temporary duties of greater than 90 days.

COUNTRY
10-11/

M. In what month and year did you begin and end active duty in (COUNTRY)?

BEGIN
Month Year
12-15/
END
Month Year
16-19/
Current.....1

N. What specific job assignments (do/did) you have in (COUNTRY) since (DATE OF LAST INTERVIEW)? Can you give me the Air Force Speciality Code? (PROBE: What others?)

1. 20-24/
2. 25-29/
3. 30-34/

W. Since (DATE OF LAST INTERVIEW), in what country were you next stationed while on active duty? Include temporary duties of greater than 90 days.

COUNTRY
35-36/

X. In what month and year did you begin and end active duty in (COUNTRY)?

BEGIN
Month Year
37-40/
END
Month Year
61-64/
Current.....1

Y. What specific job assignments (do/did) you have in (COUNTRY) since (DATE OF LAST INTERVIEW)? Can you give me the Air Force Speciality Code? (PROBE: What others?)

1. 45-49/
2. 50-54/
3. 55-59/

5. (Continued)

BEGIN DECK 11

D. (Do/Did) your duties in (COUNTRY) since (DATE OF LAST INTERVIEW) include flying?

60/
Yes.....1
No...(SKIP TO G)....2

E. How many flight hours did you log while in (COUNTRY) since (DATE OF LAST INTERVIEW)?

61-64/
Hours

F. What specific letter and numerical designation(s) did each aircraft have since (DATE OF LAST INTERVIEW)?

1. 65-69/
2. 70-74/
3. 75-79/

O. (Do/Did) your duties in (COUNTRY) since (DATE OF LAST INTERVIEW) include flying?

10/
Yes.....1
No...(SKIP TO R)....2

P. How many flight hours did you log while in (COUNTRY) since (DATE OF LAST INTERVIEW)?

11-14/
Hours

Q. What specific letter and numerical designation(s) did each aircraft have since (DATE OF LAST INTERVIEW)?

1. 15-19/
2. 20-24/
3. 25-29/

Z. (Do/Did) your duties in (COUNTRY) since (DATE OF LAST INTERVIEW) include flying?

30/
Yes.....1
No...(SKIP TO CC)....2

AA. How many flight hours did you log while in (COUNTRY) since (DATE OF LAST INTERVIEW)?

31-34/
Hours

BB. What specific letter and numerical designation(s) did each aircraft have since (DATE OF LAST INTERVIEW)?

1. 35-39/
2. 40-44/
3. 45-49/

5. (Continued)

G. In your job assignments while stationed in (COUNTRY), (do/did) you come in contact with any of the substances on this card? By contact I mean that you inhaled, tasted, had skin contact with these fibers and chemicals, or were exposed to ionizing or nuclear radiation. CODE ALL THAT APPLY

NAME
CARD
D

asbestos.....01
50-51/

ionizing or
nuclear radiation....02
52-53/

industrial chemicals.03
54-55/

insecticides or
pesticides.....04
56-57/

degreasing chemicals.05
58-59/

defoliants or
herbicides.....06
60-61/

none of the above
(SKIP TO K, P.23)....07
62-63/

R. In your job assignments while stationed in (COUNTRY), (do/did) you come in contact with any of the substances on this card? By contact I mean that you inhaled, tasted, had skin contact with these fibers and chemicals, or were exposed to ionizing or nuclear radiation. CODE ALL THAT APPLY

NAME
CARD
D

asbestos.....01
64-65/

ionizing or
nuclear radiation....02
66-67/

industrial chemicals.03
68-69/

insecticides or
pesticides.....04
70-71/

degreasing chemicals.05
72-73/

defoliants or
herbicides.....06
74-75/

none of the above
(SKIP TO V, P.23)....07
76-77/

CC. In your job assignments while stationed in (COUNTRY), (do/did) you come in contact with any of the substances on this card? By contact I mean that you inhaled, tasted, had skin contact with these fibers and chemicals, or were exposed to ionizing or nuclear radiation. CODE ALL THAT APPLY

NAME
CARD
D

asbestos.....01
10-11/

ionizing or
nuclear radiation....02
12-13/

industrial chemicals.03
14-15/

insecticides or
pesticides.....04
16-17/

degreasing chemicals.05
18-19/

defoliants or
herbicides.....06
20-21/

none of the above
(SKIP TO GG, P.23)....07
22-23/

BEGIN
DECK 12

H. In general, how many days a month (do/did) you come in contact with (SUBSTANCE)?

asbestos 24-25/
less than
once a month.....95
ionizing or
nuclear
radiation 26-27/
less than
once a month.....95
industrial
chemicals 28-29/
less than
once a month.....95
insecticides
or pesticides 30-31/
less than
once a month.....95
degreasing
chemicals 32-33/
less than
once a month.....95
defoliants or
herbicides 34-35/
less than
once a month.....95

I. When you washed to remove the (SUBSTANCES) or used protective clothing or gear when stationed in (COUNTRY) was it all the time, some of the time, or never?

All the time.....1 36/
Some of the time...2
Never.(SKIP TO K)...3

S. In general, how many days a month (do/did) you come in contact with (SUBSTANCE)?

asbestos 37-38/
less than
once a month.....95
ionizing or
nuclear
radiation 39-40/
less than
once a month.....95
industrial
chemicals 41-42/
less than
once a month.....95
insecticides
or pesticides 43-44/
less than
once a month.....95
degreasing
chemicals 45-46/
less than
once a month.....95
defoliants or
herbicides 47-48/
less than
once a month.....95

T. When you washed to remove the (SUBSTANCES) or used protective clothing or gear when stationed in (COUNTRY) was it all the time, some of the time, or never?

All the time.....1 49/
Some of the time...2
Never.(SKIP TO V)...3

DD. In general, how many days a month (do/did) you come in contact with (SUBSTANCE)?

asbestos 50-51/
less than
once a month.....95
ionizing or
nuclear
radiation 52-53/
less than
once a month.....95
industrial
chemicals 54-55/
less than
once a month.....95
insecticides
or pesticides 56-57/
less than
once a month.....95
degreasing
chemicals 58-59/
less than
once a month.....95
defoliants or
herbicides 60-61/
less than
once a month.....95

EE. When you washed to remove the (SUBSTANCES) or used protective clothing or gear when stationed in (COUNTRY) was it all the time, some of the time, or never?

All the time.....1 62/
Some of the time...2
Never.(SKIP TO GG)...3

BEGIN DECK 13

J. Which of the following did you use on that job?
CODE ALL THAT APPLY

Air filter.....01 63-64/
Goggles.....02 65-66/
Face Shield.....03 67-68/
Special clothing.....04 69-70/
Washing facilities.....05 71-72/
Self contained or supplied air breathing apparatus.....06 73-74/
None.....07 75-76/

K. Are there any other countries that you have been stationed in since (DATE OF LAST INTERVIEW)?

Yes.(GO TO L ON P.19)...1 77/

NO.(SKIP TO SECTION 5)..2

U. Which of the following did you use on that job?
CODE ALL THAT APPLY

Air filter.....01 10-11/
Goggles.....02 12-13/
Face Shield.....03 14-15/
Special clothing.....04 16-17/
Washing facilities.....05 18-19/
Self contained or supplied air breathing apparatus.....06 20-21/
None.....07 22-23/

V. Are there any other countries that you have been stationed in since (DATE OF LAST INTERVIEW)?

Yes.(GO TO W ON P.19)...1 24/

NO.(SKIP TO SECTION 5)..2

FF. Which of the following did you use on that job?
CODE ALL THAT APPLY

Air filter.....01 25-26/
Goggles.....02 27-28/
Face Shield.....03 29-30/
Special clothing.....04 31-32/
Washing facilities.....05 33-34/
Self contained or supplied air breathing apparatus.....06 35-36/
None.....07 37-38/

GG. Are there any other countries that you have been stationed in since (DATE OF LAST INTERVIEW)?

Yes...(USE NEW QUEK)....1 39/

NO.(GO TO SECTION 5)..2

SECTION 5: MARITAL AND FERTILITY HISTORY

1. Now I would like to ask you about your personal relationships.

When we talked with you last, you said you were (READ MARITAL STATUS FROM INFORMATION SHEET ITEM 4). Is that correct?

Yes.....(GO TO A).....1 40/

No...(CORRECT INFO SHEET, THEN GO TO A).....2

Missing...(ASK AND ADD TO INFO SHEET THEN GO TO A).....3

A. INTERVIEWER: WAS STATUS MARRIED AT LAST INTERVIEW? (PROBE: WAS RESPONDENT LIVING WITH SPOUSE?)

YES.....(SKIP TO F).....1 41/

NO.....(ASK B).....2

B. When we talked with you last, you said you were READ STATUS FROM INFORMATION SHEET ITEM 5.

YES.....(GO TO C).....1

NO...(CORRECT INFO SHEET, THEN GO TO C)....2

C. INTERVIEWER: WAS RESPONDENT "LIVING WITH PARTNER" AT LAST INTERVIEW?

YES.....(ASK D).....1 42/

NO.....(SKIP TO Q.3, P.27).....2

D. What is the current full name of the person you were living with in (DATE OF LAST INTERVIEW)?

LAST NAME

MAIDEN

FIRST NAME

MIDDLE NAME

INTERVIEWER: RECORD NAME ON INFORMATION SHEET, ITEM 05

E. In what month and year did you start living with (NAME)?

ENTER MONTH AND YEAR

MO YR

43-46/

(GO TO Q.2)

F. According to our records, you were married to (NAME AT INFORMATION SHEET ITEM 6). Is that correct?

Yes.....1 47/

No.....(CORRECT INFO SHEET).....2

Missing...(ASK AND ADD TO INFO SHEET).....3

2. (Continued)

E. During this (marriage/relationship), [since the (DATE OF LAST INTERVIEW)], did you ever have a problem conceiving a child because of prolonged separation?

Yes.....1 68/

No. 2

F. And what is (NAME OF SPOUSE/PARTNER)'s present street address?

You.....(ASK A).....1 \$2/

No.....(SKIP TO C).....2

STREET ADDRESS	BEGIN DECK 14 10-34/
----------------	-------------------------

Separation.....1 53/

**HAND
CARD
G**

Divorce.....2

Death of spouse or partner.....(ASK B-2
THRU ASK G-3).....3

G. And what city, state and zip code does (SPOUSE/PARTNER) live in?

ENTER MONTH AND YEAR: 54-57/
MO. YR.

CITY _____ STATE _____ ZIP _____ CODE _____
35-54/ 55-56/ 57-61/

H. And what is (NAME of SPOUSE/PARTNER)'s present telephone number?

[] [] [] [] [] [] [] [] [] [] [] [] - [] [] [] [] 62-74/
 COUNTRY CODE AREA CODE NUMBER
 (foreign phone)

NO PHONE.....1

C. During this (marriage/relationship), how many times were you living apart from (NAME) for 3 months or more since (DATE OF LAST INTERVIEW)? Each separation must have lasted at least 3 months or more.

ENTER NUMBER OF TIMES: | | | 58-59/

82

None.....(SKIP TO F).....00

D. For how many months did you live apart the (first/next) time? Each generation must have lasted at least 3 months or more.

First/only time: 1 1 1 60-61/

Second time: | | | **62-63/**

Third time: | | | **64-65/**

Fourth time: 1 1 1 66-67/

1. Thinking of all the people you know, who would be the one person who would be most likely to know where (NAME OF SPOUSE/PARTNER) is? ENTER FULL NAME OF PERSON BELOW AND ASK J-N.

BEGIN DECK 15

(LAST)

30-44/

(FIRST) _____ (MIDDLE) _____

J. What is (PERSON'S) relationship to (NAME OF SPOUSE/PARTNER)?

43-46/

K. Where does (PERSON) live?

47-71/

STREET ADDRESS APT#

BEGIN DECK 16

CITY _____ STATE _____ ZIP _____ CODE _____
10-29/ 30-31/ 32-36/

2. (Continued)

L. What is (PERSON'S) telephone number?

- 37-49/
 COUNTRY CODE AREA CODE NUMBER
 (foreign phone)

NO PHONE.....1

M. IF (PERSON) HAS A PHONE: In whose name is the phone listed?

(PERSON'S) name.....(SKIP TO N).....1 50/

OTHER.....(SPECIFY BELOW).....2

DON'T KNOW.....(SKIP TO N).....8

(LAST) 51-74/

(FIRST) (MIDDLE)

N. INTERVIEWER HAS R STOPPED LIVING WITH SPOUSE OR PARTNER?
(IS "YES" CODED AT Q.27, P.25)

Yes.....1 75/

No.....(SKIP TO Q.10).....2

3. Since (DATE OF LAST INTERVIEW), have you done one of the following:
(1) reconciled or married (again); or (2) lived with a wife or partner
for 3 months or more?

Yes.....(ASK A).....1 76/

Did neither.(SKIP TO Q.10)..2

A. How many times have you been married or lived with a partner, for
at least 3 months since (DATE OF LAST INTERVIEW)?RECORD NUMBER OF TIMES: 77/4. Thinking of (that/the first) relationship since (DATE OF LAST
INTERVIEW), did you marry this person?

Yes.....1 78/

No.....2

RECONCILED.....3

4. (Continued)

A. What is the current full name of (this person/your wife)?

ID #

(LAST) 79-80/

(FIRST) (MIDDLE)

INTERVIEWER: RECORD FULL NAME OF (SPOUSE/PARTNER) ON INFORMATION
SHEET, ITEM 07 AND RECORD ID# ABOVE.

BEGIN DECK 17

What was her full maiden name?

10-29/

What was her birthdate? RECORD DATE: 30-35/
MO DA YRB. In what month and year did you (reconcile/get married to/start
living with) (NAME)?ENTER MONTH AND YEAR: 36-39/
MO YR

C. Have you stopped living with (NAME)?

Yes.....(ASK D-P).....1 40/

No.....(SKIP TO Q.4F).....2

D. How did this (marriage/relationship) end?

Separation.....1 41/

Divorce.....2

Death of spouse or partner...(ASK B-E, THEN
SKIP TO Q.5)...3NAME
CARD
C

4. (Continued)

E. In what month and year did this occur?

ENTER MONTH AND YEAR: 42-45/
MO YR

F. During this (marriage/relationship), how many times were you living apart from (NAME) for 3 months or more since (DATE OF LAST INTERVIEW)?

ENTER NUMBER OF TIMES: 46-47/

OR

None.....(GO TO I).....00

G. For how many months did you live apart the (this/first/next) time?

First/only time: 48-49/

Second time: 50-51/

Third time: 52-53/

Fourth time: 54-55/

H. During this (marriage/relationship), [since the (DATE OF LAST INTERVIEW)], did you ever have a problem conceiving a child because of prolonged separation?

Yes.....1 56/

No.....2

I. And what is (NAME OF SPOUSE/PARTNER)'s present street address?

STREET ADDRESS 57-80/
BEGIN DECK 18

J. And what city, state and zip code does (SPOUSE/PARTNER) live in?

CITY STATE ZIP CODE 32-36/
10-29/ 30-31/

K. And what is (NAME OF SPOUSE/PARTNER)'s present telephone number?

COUNTRY CODE AREA CODE NUMBER 37-49/
(foreign phone)

NO PHONE.....1

4. (Continued)

L. Thinking of all the people you know, either near your home or elsewhere, who would be the one person who would be most likely to know where (NAME OF SPOUSE/PARTNER) is? ENTER FULL NAME OF PERSON BELOW AND ASK M-P.

(LAST), 50-65/

(FIRST) (MIDDLE) 66-80/

BEGIN DECK 19

M. What is (PERSON'S) relationship to (NAME OF SPOUSE/PARTNER)?

10-11/

N. Where does (PERSON) live?

STREET ADDRESS APT# 12-36/

CITY STATE ZIP CODE 37-56/ 57-58/ 59-63/

O. What is (PERSON'S) telephone number?

COUNTRY CODE AREA CODE NUMBER 64-76/
(foreign phone)

NO PHONE.....1

P. IF (PERSON) HAS PHONE: In whose name is the phone listed?

(PERSON'S) name.....(SKIP TO Q.5).....1 77/

OTHER.....(SPECIFY BELOW).....2

DON'T KNOW.....(SKIP TO Q.5).....8

BEGIN DECK 20

(LAST), 10-34/

(FIRST) (MIDDLE)

5. INTERVIEWER VERIFY: IS THERE A SECOND RELATIONSHIP SINCE THE DATE OF LAST INTERVIEW? IS NUMBER OF TIMES RECORDED IN Q.3A, P.27. EQUAL TO 2 OR MORE?

YES.....(GO TO Q.6).....1 35/

NO.....(SKIP TO Q.10).....2

6. Thinking of the next relationship since (DATE OF LAST INTERVIEW), did you marry this person?

Yes.....1 36/

No.....2

- A. What is the current full name of this person?

ID #

(LAST)

37-38/

(FIRST)

(MIDDLE)

INTERVIEWER: RECORD FULL NAME OF (SPOUSE/PARTNER) ON INFORMATION SHEET, ITEM 07 AND ID# ABOVE.

What was her full maiden name?

39-58/

What was her birthdate? RECORD DATE: _____ 59-64/
MO DA YR

- B. In what month and year did you (get married to/start living with) (NAME)?

ENTER MONTH AND YEAR: _____ 65-68/
MO YR

- C. Have you stopped living with (NAME)?

Yes.....(ASK D-P).....1 69/

No.....(SKIP TO F).....2

- D. How did this (marriage/relationship) end?

HAND
CARD
C

Separation.....1 70/

Divorce.....2

Death of spouse or partner
(ASK E-E, THEN SKIP
TO Q.7).....3

6. (Continued)

- E. In what month and year did this occur?

ENTER MONTH AND YEAR: _____ 71-74/
MO YR

- F. During this relationship, how many times were you living apart from (NAME) for 3 months or more since (DATE OF LAST INTERVIEW)?

ENTER NUMBER OF TIMES: _____ 75-76/

OR

None.....(GO TO I).....00

- G. For how many months did you live apart the (first/next) time?

First time:..... 77-78/

Second time:..... 79-80/

Third time:..... 10-11/
BEGIN DECK 21

Fourth time:..... 12-13/

- H. During this (marriage/relationship), [since the (DATE OF LAST INTERVIEW)], did you ever have a problem conceiving a child because of prolonged separation?

Yes.....1 14/

No.....2

- I. And what is (NAME OF SPOUSE/PARTNER)'s present street address?

STREET ADDRESS _____ 15-39/

- J. And what city, state and zip code does (SPOUSE/PARTNER) live in?

CITY STATE ZIP CODE
40-59/ 60-61/ 62-66/

6. (Continued)

K. And what is (NAME OF SPOUSE/PARTNER)'s present telephone number?

<u> </u> <u> </u> <u> </u>	<u> </u> <u> </u> <u> </u>	<u> </u> <u> </u> <u> </u> - <u> </u> <u> </u> <u> </u>	67-79/
COUNTRY CODE	AREA CODE	NUMBER	

(foreign phone)

NO PHONE.....1

L. Thinking of all the people you know, either near your home or elsewhere, who would be the one person who would be most likely to know where (NAME OF SPOUSE/PARTNER) is? ENTER FULL NAME OF PERSON BELOW AND ASK M-P.

BEGIN DECK 22

(LAST), 10-29/

(FIRST) (MIDDLE) 30-44/

M. What is (PERSON'S) relationship to (NAME OF SPOUSE/PARTNER)?

45-46/

N. Where does (PERSON) live?

STREET ADDRESS APT# 47-71/

BEGIN DECK 23

<u> </u> <u> </u> <u> </u>	<u> </u> <u> </u> <u> </u>	<u> </u> <u> </u> <u> </u>	<u> </u> <u> </u> <u> </u>	
CITY	STATE	ZIP	CODE	

10-29/ 30-31/

32-36/

O. What is (PERSON'S) telephone number?

<u> </u> <u> </u> <u> </u>	<u> </u> <u> </u> <u> </u>	<u> </u> <u> </u> <u> </u> - <u> </u> <u> </u> <u> </u>	37-49/
COUNTRY CODE	AREA CODE	NUMBER	

(foreign phone)

NO PHONE.....1

P. IF (PERSON) HAS PHONE: In whose name is the phone listed?

(PERSON'S) name....(SKIP TO Q.7).....1 50/

OTHER.....(SPECIFY BELOW).....2

DON'T KNOW.....(SKIP TO Q.7).....8

51-75/

(LAST),

(FIRST) (MIDDLE)

7. INTERVIEWER VERIFY: IS THERE A THIRD RELATIONSHIP SINCE THE DATE OF LAST INTERVIEW? (IS NUMBER OF TIMES RECORDED IN Q. 3A, P. 27 EQUAL TO 3 OR MORE?)

YES.....(GO TO Q.8).....1 76/

NO.....(SKIP TO Q.10).....2

8. Thinking of the next relationship since (DATE OF LAST INTERVIEW), did you marry this person?

Yes.....1 77/

No.....2

ID #

A. What is the current full name of this person?

(LAST) 78-79/

(FIRST) (MIDDLE)

INTERVIEWER: RECORD FULL NAME OF (SPOUSE/PARTNER) ON INFORMATION SHEET, ITEM 07 AND ID # ABOVE.

What was her full maiden name? BEGIN DECK 24

10-29/

What was her birthdate? RECORD DATE: 30-35/

MO DA YR

B. In what month and year did you (get married to/start living with) (NAME)?

ENTER MONTH AND YEAR: 36-39/

MO YR

C. Have you stopped living with (NAME)?

Yes.....(ASK D-F)....1 40/

No.....(SKIP TO F)...2

8. (Continued)

D. How did this (marriage/relationship) end?

HAND
 CARD
 G

Separation.....1 41/
 Divorce.....2
 Death of spouse or partner
 (ASK 8-W, THEN
 SKIP TO Q.9).....3

E. In what month and year did this occur?

ENTER MONTH AND YEAR: 42-45/
 MO YR

F. During this (marriage/relationship), how many times were you living apart from (NAME) for 3 months or more since (DATE OF LAST INTERVIEW)?

ENTER NUMBER OF TIMES: 46-47/

OR

None.....(GO TO I).....00

G. For how many months did you live apart the (first/next) time?

First time:..... 48-49/Second time:..... 50-51/Third time:..... 52-53/Fourth time:..... 54-55/

H. During this (marriage/relationship), since the (DATE OF LAST INTERVIEW), did you ever have a problem conceiving a child because of prolonged separation?

Yes.....1 56/

No.....2

I. And what is (NAME OF SPOUSE/PARTNER)'s present street address?

_____ 57-80/
 STREET ADDRESS

BEGIN DECK 25

J. And what city, state and zip code does (SPOUSE/PARTNER) live in?

 CITY STATE ZIP CODE
 10-29/ 30-31/ 32-36/

8. (Continued)

K. And what is (NAME OF SPOUSE/PARTNER)'s present telephone number?

- 37-49/
 COUNTRY CODE AREA CODE NUMBER
 (foreign phone)

NO PHONE.....1

L. Thinking of all the people you know, either near your home or elsewhere, who would be the one person who would be most likely to know where (NAME OF SPOUSE/PARTNER) is? ENTER FULL NAME OF PERSON BELOW AND ASK H-P.

_____ 50-74/
 (LAST),

_____ (FIRST) _____ (MIDDLE)

M. What is (PERSON'S) relationship to (NAME OF SPOUSE/PARTNER)?

_____ 75-76/

BEGIN DECK 26

N. Where does (PERSON) live?

_____ 10-34/
 STREET ADDRESS APT#

 CITY STATE ZIP CODE
 35-54/ 55-56/ 57-61/

O. What is (PERSON'S) telephone number?

- 62-74/
 COUNTRY CODE AREA CODE NUMBER
 (foreign phone)

NO PHONE.....1

P. IF (PERSON) HAS PHONE: In whose name is the phone listed?

(PERSON'S) name....(SKIP TO Q.9).....1 75/

OTHER.....(SPECIFY BELOW).....2

DON'T KNOW.....(SKIP TO Q.9).....8

BEGIN DECK 27

_____ 10-34/
 (LAST),

_____ (FIRST) _____ (MIDDLE)

9. INTERVIEWER: IS THERE A FOURTH RELATIONSHIP SINCE THE DATE OF LAST INTERVIEW? (IS NUMBER OF TIMES RECORDED IN Q.3A EQUAL TO 4 OR MORE?)

YES....(GO TO NEW QUESTIONNAIRE).....1 35/
 NO.....2

VERIFICATION OF BIOLOGICAL CHILDREN USING
 CHILDREN'S RECORD FORM

10. INTERVIEWER: ARE CHILDREN LISTED ON CHILDREN'S RECORD FORM?

YES.....(ASK A).....1 36/
 NO.....(ASK B).....2

- A. I'd like to read information about your (child/children) from our last interview to check our records. As of (DATE OF LAST INTERVIEW), our records show that you have had (NUMBER OF CHILDREN). . . (READ EACH CHILD'S FULL NAME, SEX, AND BIRTHDATE AND MOTHER'S NAME). Is that correct?

IF INFORMATION IS CORRECT
 (GO TO Q.11).....1 37/

IF INFORMATION IS INCOMPLETE
 OR INCORRECT MAKE CORRECTIONS ON
 CHILDREN'S RECORD FORM (THEN GO TO Q.11)....2

- B. Our records show that you had not had any children of your own as of (DATE OF LAST INTERVIEW). Is that correct?

IF INFORMATION IS CORRECT
 (GO TO Q.12).....1 38/

IF INFORMATION IS INCOMPLETE OR
 INCORRECT, ASK FOR (CHILD/CHILDREN)'S
 FULL NAME, SEX, BIRTHDATE AND MOTHER'S
 NAME. RECORD BEGINNING AT LINE 01 ON
 CHILDREN'S RECORD FORM...(THEN GO TO Q.11)..2

11. INTERVIEWER: ASK THIS QUESTION FOR EACH CHILD LISTED ON CHILDREN'S RECORD FORM FOR WHOM THERE IS NO DEATH DATE.

What is (NAME OF 1ST CHILD/NAME OF 2ND CHILD, ETC.)'s current age? RECORD ON CHILDREN'S RECORD FORM.

IF DECEASED SINCE LAST INTERVIEW, ASK A-C. OTHERS GO TO Q.12.

- A. When did (CHILD) die? RECORD DAY, MONTH, AND YEAR ON CHILDREN'S RECORD FORM.

- B. What was the cause of death? RECORD BELOW.

BEGIN DECK 28

- C. Where is (CHILD)'s death registered? In what city and state?

CHILD ID: CHILD ID: CHILD ID:
 39-40/ 60-61/ 10-11/

CAUSE: 41/ 62/ 12/

REGISTRATION:
 (CITY) 42-57/ (CITY) 63-78/ (CITY) 13-28/
 (STATE) 58-59/ (STATE) 79-80/ (STATE) 29-30/

12. INTERVIEWER VERIFY: HAS R BEEN MARRIED OR HAD A PARTNER FOR 3 MONTHS OR MORE SINCE (DATE OF LAST INTERVIEW)?

YES.....(ASK A).....1 31/

NO.....(SKIP TO SECTION 6).....2

- A. Has/Have (your wife/any of your partners) become pregnant by you since (DATE OF LAST INTERVIEW)? This includes pregnancies that began before (DATE OF LAST INTERVIEW) and ended after (DATE OF LAST INTERVIEW).

Yes.....(ASK B).....1 32/

No.....(SKIP TO Q.25).....2

- B. How many pregnancies (has your wife/have your partners) had with you since (DATE OF LAST INTERVIEW)?

ENTER NUMBER OF PREGNANCIES: 33-34/
 (GO TO Q.13)

13. When did (that/the first, etc.) pregnancy begin? What month and year?

ENTER MONTH AND YEAR: 35-38/
MO YR

A. INTERVIEWER: HAS R HAD MORE THAN ONE RELATIONSHIP SINCE DATE OF LAST INTERVIEW? (SEE INFORMATION SHEET, ITEMS 05, 06 AND 07)

YES.....(ASK B).....1 39/

NO.....(ASK B).....2

B. Which (spouse/partner) had this pregnancy?

RECORD NAME: (LAST) (MAIDEN) 40-64/

(FIRST) (MIDDLE)

INTERVIEWER: RECORD ID # FROM INFORMATION SHEET, ITEM 05, 06, OR 07

65-66/

C. How many months did it take (NAME OF SPOUSE/PARTNER) to become pregnant (this time)?

RECORD MONTHS AND/OR 67-68/
AND/OR YEARS MO YR

Wasn't trying.....00 69-70/

OR

DON'T KNOW.....98

D. Were either you or (NAME OF SPOUSE/PARTNER) using birth control at the time she became pregnant?

Yes.....(ASK E).....1 71/

No.....(GO TO Q.14).....2

13. (Continued)

E. Please look at this card and tell me all the numbers of the types of birth control you or (NAME) were using when she became pregnant. CODE ALL THAT APPLY.

HAND
CARD
H

- | | | |
|-----------------------------------|----|--------|
| 1. Pill..... | 01 | 72-73/ |
| 2. Douche..... | 02 | 74-75/ |
| 3. Foam..... | 03 | 76-77/ |
| 4. Jelly, cream, suppository..... | 04 | 78-79/ |
| BEGIN DECK 29 | | |
| 5. IUD..... | 05 | 10-11/ |
| 6. Condom, rubber..... | 06 | 12-13/ |
| 7. Diaphragm..... | 07 | 14-15/ |
| 8. Diaphragm and jelly..... | 08 | 16-17/ |
| 9. Sponge..... | 09 | 18-19/ |
| 10. Rhythm - Calendar..... | 10 | 20-21/ |
| 11. Rhythm - Temperature..... | 11 | 22-23/ |
| 12. Withdrawal..... | 12 | 24-25/ |
| 13. Other (SPECIFY) _____ | | |
| | 13 | 26-27/ |
| DON'T KNOW..... | 98 | 28-29/ |

14. Did that pregnancy result in a live birth; or in a miscarriage, stillbirth, or abortion, (or is (NAME) still pregnant)?

- | | | |
|--|---|-----|
| Live birth.....(ASK A-J)..... | 1 | 30/ |
| Miscarriage.....(SKIP TO Q.16)..... | 2 | |
| Stillbirth.....(SKIP TO Q.16)..... | 3 | |
| Abortion.....(SKIP TO Q.16)..... | 4 | |
| Still pregnant.....(SKIP TO Q.25)..... | 5 | |

A. What is the first and last name of the child as it appears on the birth certificate? RECORD ON CHILDREN'S RECORD FORM OR SUPPLEMENTARY CHILDREN'S RECORD FORM.

INTERVIEWER: RECORD ID FROM CHILDREN'S RECORD FORM 31-32/

B. When was (CHILD) born? ENTER BIRTHDATE ON CHILDREN'S RECORD FORM OR SUPPLEMENTARY CHILDREN'S RECORD FORM.

C. Was (CHILD) male or female? RECORD ON CHILDREN'S RECORD FORM OR SUPPLEMENTARY CHILDREN'S RECORD FORM.

D. How much did (CHILD) weigh at birth?

- | | |
|------------------------------------|--------|
| ENTER POUNDS: <input type="text"/> | 33-34/ |
| AND | |
| OUNCES: <input type="text"/> | 35-36/ |
| OR | |
| Don't know..... | 98 |

14. (Continued)

E. Was (CHILD) a twin?

Yes.....1 37/

No.....2

F. Was (CHILD) premature, full term, or overdue?

Premature.....1 38/

Full term.....2

Overdue.....3

Don't know.....8

G. How old was (NAME OF MOTHER) when (CHILD) was born?

RECORD AGE: 39-40/

Don't know.....98

H. What is the name and address of the hospital where this child was born? RECORD BELOW

NAME OF HOSPITAL 41/

STREET ADDRESS

(CITY)

(STATE)

INTERVIEWER: RECORD NAME AND ADDRESS ON MEDICAL CONSENT FORM

I. What is the name and address of the doctor or medical facility who has (CHILD)'s current medical records? RECORD BELOW.

DOCTOR'S NAME OR FACILITY NAME 42/

STREET ADDRESS

(CITY)

(STATE)

INTERVIEWER: RECORD NAME AND ADDRESS ON MEDICAL CONSENT FORM

J. What is (CHILD)'s current age? RECORD IN CHILDREN'S RECORD FORM OR SUPPLEMENTARY CHILDREN'S RECORD FORM. IF DECEASED, ASK K-H. OTHERS GO TO Q.15.

14. (Continued)

K. When did (CHILD) die? RECORD DAY, MONTH, AND YEAR ON CHILDREN'S RECORD FORM OR SUPPLEMENTARY CHILDREN'S RECORD FORM.

L. What was the cause of death? RECORD BELOW.

43/

M. Where is (CHILD'S) death registered? In what city and state?

(CITY)

(STATE)

44-59/

60-61/

15. INTERVIEWER: IS THERE A SECOND PREGNANCY SINCE THE DATE OF LAST INTERVIEW (IS NUMBER OF PREGNANCIES IN Q.12B EQUAL TO 2 OR MORE?)

YES.....(SKIP TO Q.17).....1 62/

NO.....(SKIP TO Q.25).....2

16. When did that pregnancy end?

RECORD DATE: 63-68/
MO DA YR

A. How many weeks had (NAME) been pregnant when that happened?

ENTER NUMBER OF WEEKS: 69-70/

Don't know.....98

IF MISCARRIAGE OR STILLBIRTH, ASK B-C; OTHERS GO TO D.

B. Did a doctor tell you why this (miscarriage/stillbirth) might have occurred?

Yes.....(ASK C).....1 71/

No.....(GO TO D).....2

C. What did the doctor say caused the (miscarriage/stillbirth)? RECORD VERBATIM.

72/

16. (Continued)

D. INTERVIEWER: IS THERE A SECOND PREGNANCY SINCE DATE OF LAST INTERVIEW? (IS NUMBER OF PREGNANCIES IN Q.12B EQUAL TO 2 OR MORE?)

YES.....(GO TO Q.17).....1 73/

NO.....(SKIP TO Q.25).....2

17. When did the next pregnancy begin? What month and year?

ENTER MONTH AND YEAR: 74-77/
MO YE

A. INTERVIEWER: HAS R HAD MORE THAN ONE RELATIONSHIP SINCE DATE OF LAST INTERVIEW? (SEE INFO SHEET, ITEMS 05, 06 AND 07)

YES.....(ASK B).....1 78/

NO.....(GO TO C).....2

BEGIN DECK 30

B. Which (spouse/partner) had this pregnancy?

RECORD NAME: _____ 10-34/
(LAST)

(FIRST) (MIDDLE)

INTERVIEWER: RECORD ID # FROM INFORMATION SHEET, ITEM 05, 06, OR 07

35-36/

C. How many months did it take (NAME OF SPOUSE/PARTNER) to become pregnant (this time)?

RECORD MONTHS AND/OR 37-38/
AND/OR YEARS: MO YE

Wasn't trying.....00 39-40/
OR

DON'T KNOW.....98

D. Were either you or (NAME OF SPOUSE/PARTNER) using birth control at the time she became pregnant?

Yes.....(ASK E).....1 41/

No.....(SKIP TO Q.18).....2

A-23

17. (Continued)

E. Please look at this card and tell me all the numbers of the types of birth control you or (NAME) were using when she became pregnant. CODE ALL THAT APPLY.

HAND
CARD
H

1. Pill.....01	42-43/
2. Douche.....02	44-45/
3. Foam.....03	46-47/
4. Jelly, cream, suppository.....04	48-49/
5. IUD.....05	50-51/
6. Condom, rubber.....06	52-53/
7. Diaphragm.....07	54-55/
8. Diaphragm and jelly.....08	56-57/
9. Sponge.....09	58-59/
10. Rhythm - Calendar.....10	60-61/
11. Rhythm - Temperature.....11	62-63/
12. Withdrawal.....12	64-65/
13. Other (SPECIFY) _____	13 66-67/
DON'T KNOW.....98	68-69/

18. Did that pregnancy result in a live birth; or in a miscarriage, stillbirth, or abortion, [or is (NAME) still pregnant]?

Live birth.....(ASK A-J).....1 70/
Miscarriage.....(SKIP TO Q.20).....2
Stillbirth.....(SKIP TO Q.20).....3
Abortion.....(SKIP TO Q.20).....4
Still pregnant.....(SKIP TO Q.25).....5

A. What is the first and last name of the child as it appears on the birth certificate? RECORD ON CHILDREN'S RECORD FORM OR SUPPLEMENTARY CHILDREN'S RECORD FORM.

INTERVIEWER: RECORD ID FROM CHILDREN'S RECORD FORM OR SUPPLEMENTARY CHILDREN'S RECORD FORM. 71-72

B. When was (CHILD) born? ENTER BIRTHDATE ON CHILDREN'S RECORD FORM OR SUPPLEMENTARY CHILDREN'S RECORD FORM.

C. Was (CHILD) male or female? RECORD ON CHILDREN'S RECORD FORM OR SUPPLEMENTARY CHILDREN'S RECORD FORM.

D. How much did (CHILD) weigh at birth?

ENTER POUNDS: 73-74/
AND
OUNCES: 75-76/
OR
Don't know.....98

18. (Continued)

E. Was (CHILD) a twin?

Yes.....1 77/

No.....2

F. Was (CHILD) premature, full term, or overdue?

Premature.....1 78/

Full term.....2

Overdue.....3

Don't know.....8

G. How old was (NAME OF MOTHER) when (CHILD) was born?

RECORD AGE: 79-80/

Don't know.....98

H. What is the name and address of the hospital where this child was born? RECORD BELOW

Name of hospital

STREET ADDRESS

(CITY)

(STATE)

INTERVIEWER: RECORD NAME AND ADDRESS ON MEDICAL CONSENT FORM

I. What is the name and address of the doctor or medical facility who has (CHILD)'s current medical records? RECORD BELOW

DOCTOR'S NAME OR FACILITY NAME

STREET ADDRESS

(CITY)

(STATE)

INTERVIEWER: RECORD NAME AND ADDRESS ON MEDICAL CONSENT FORM

J. What is (CHILD)'s current age? RECORD IN CHILDREN'S RECORD FORM OR SUPPLEMENTARY CHILDREN'S RECORD FORM. IF DECEASED, ASK K-H. OTHERS GO TO Q.19.

18. (Continued)

K. When did (CHILD) die? RECORD DAY, MONTH, AND YEAR ON CHILDREN'S RECORD FORM OR SUPPLEMENTARY CHILDREN'S RECORD FORM.

L. What was the cause of death? RECORD BELOW.

10/

M. Where is (CHILD'S) death registered? In what city and state?

(CITY)

11-26/ (STATE)

27-28/

19. INTERVIEWER: IS THERE A THIRD PREGNANCY SINCE THE DATE OF LAST INTERVIEW? (IS NUMBER OF PREGNANCIES IN Q.12B EQUAL TO 3 OR MORE?)

YES.....(SKIP TO Q.21).....1 29/

NO.....(SKIP TO Q.25).....2

20. When did that pregnancy end?

RECORD DATE:
MO DA YR

30-35/

A. How many weeks had (NAME) been pregnant when that happened?

ENTER NUMBER OF WEEKS: 36-37/

Don't know,.....98

IF MISCARRIAGE OR STILLBIRTH, ASK B-C; OTHERS GO TO D.

B. Did a doctor tell why this (miscarriage/stillbirth) might have occurred?

Yes.....(ASK C).....1 38/

No.....(GO TO D).....2

C. What did the doctor say caused the (miscarriage/stillbirth)? RECORD VERBATIM.

39/

20. (Continued)

D. INTERVIEWER: IS THERE A THIRD PREGNANCY SINCE DATE OF LAST INTERVIEW? (IS NUMBER OF PREGNANCIES IN Q.12B EQUAL TO 3 OR MORE?)

YES.....(GO TO Q.21).....1 40/

NO.....(SKIP TO Q.25).....2

21. When did the next pregnancy begin? What month and year?

ENTER MONTH AND YEAR: 41-44/
MO YR

A. INTERVIEWER: HAS R HAD MORE THAN ONE RELATIONSHIP SINCE DATE OF LAST INTERVIEW? (SEE INFO SHEET, ITEMS 05, 06 AND 07)

YES.....1 45/

NO.....(ASK C).....2

B. Which (spouse/partner) had this pregnancy?

RECORD NAME: _____ 46-70/
(LAST)

(FIRST) _____ (MIDDLE)

INTERVIEWER: RECORD ID # FROM INFORMATION SHEET, ITEM 05, 06, OR 07

71-72/

C. How many months did it take (NAME OF SPOUSE/PARTNER) to become pregnant (this time)?

RECORD MONTHS AND/OR 73-74/
AND/OR YEARS: NOS YES

Wasn't trying.....00

OR

DON'T KNOW.....98

75-76/

D. Were either you or (NAME OF SPOUSE/PARTNER) using birth control at the time she became pregnant?

Yes.....(ASK E).....1 77/

No...(SKIP TO Q.22).....2

21. (Continued)

E. Please look at this card and tell me all the numbers of the types of birth control you or (NAME) were using when she became pregnant. CODE ALL THAT APPLY.

HAND
CARD
N

1. Pill.....	01	10-11/
2. Douche.....	02	12-13/
3. Foam.....	03	14-15/
4. Jelly, cream, suppository.....	04	16-17/
5. IUD.....	05	18-19/
6. Condom, rubber.....	06	20-21/
7. Diaphragm.....	07	22-23/
8. Diaphragm and jelly.....	08	24-25/
9. Sponge.....	09	26-27/
10. Rhythm - Calendar.....	10	28-29/
11. Rhythm - Temperature.....	11	30-31/
12. Withdrawal.....	12	32-33/
13. Other (SPECIFY) _____		
	13	34-35/
DON'T KNOW.....	98	36-37/

22. Did that pregnancy result in a live birth; or in a miscarriage, stillbirth, or abortion, [or is (NAME) still pregnant]?

Live birth.....(ASK A-J).....	1	38/
Miscarriage.....(SKIP TO Q.24).....	2	
Stillbirth.....(SKIP TO Q.24).....	3	
Abortion.....(SKIP TO Q.24).....	4	
Still pregnant.....(SKIP TO Q.25).....	5	

A. What is the first and last name of the child as it appears on the birth certificate? RECORD ON CHILDREN'S RECORD FORM OR SUPPLEMENTARY CHILDREN'S RECORD FORM.

INTERVIEWER: RECORD ID FROM CHILDREN'S RECORD FORM OR SUPPLEMENTARY CHILDREN'S RECORD FORM. 39-40/

B. When was (CHILD) born? ENTER BIRTHDATE ON CHILDREN'S RECORD FORM OR SUPPLEMENTARY CHILDREN'S RECORD FORM.

C. Was (CHILD) male or female? RECORD ON CHILDREN'S RECORD FORM OR SUPPLEMENTARY CHILDREN'S RECORD FORM.

D. How much did (CHILD) weigh at birth?

ENTER POUNDS: <input type="text"/> <input type="text"/>	41-42/
AND	
OUNCES: <input type="text"/> <input type="text"/>	43-44/
OR	
Don't know.....	98

22. (Continued)

E. Was (CHILD) a twin?

Yes.....1 45/
 No.....2

F. Was (CHILD) premature, full term, or overdue?

Premature.....1 46/
 Full term.....2
 Overdue.....3
 Don't know.....8

G. How old was (NAME OF MOTHER) when (CHILD) was born?

RECORD AGE: 47-48/
 Don't know.....98

H. What is the name and address of the hospital where this child was born? RECORD BELOW

Name of hospital

STREET ADDRESS

(CITY)

(STATE)

INTERVIEWER: RECORD NAME AND ADDRESS ON MEDICAL AUTHORIZATION FORM

I. What is the name and address of the doctor or medical facility who has (CHILD)'s current medical records? RECORD BELOW

DOCTOR'S NAME OR FACILITY NAME

STREET ADDRESS

(CITY)

(STATE)

INTERVIEWER: RECORD NAME AND ADDRESS ON MEDICAL CONSENT FORM

J. What is (CHILD)'s current age? RECORD IN CHILDREN'S RECORD FORM OR SUPPLEMENTARY CHILDREN'S RECORD FORM. IF DECEASED, ASK K-H. OTHERS GO TO Q.23.

K. When did (CHILD) die? RECORD DAY, MONTH, AND YEAR ON CHILDREN'S RECORD FORM.

22. (Continued)

L. What was the cause of death? RECORD BELOW.

49/

M. Where is (CHILD'S) death registered? In what city and state?

(CITY)

(STATE)

50-63/

66-67/

23. INTERVIEWER: IS THERE A FOURTH PREGNANCY SINCE THE DATE OF LAST INTERVIEW? (IS NUMBER OF PREGNANCIES IN Q.12B EQUAL TO 4 OR MORE?)

YES.....(GO TO NEW QUESTIONNAIRE).....1 68/

NO.....(SKIP TO Q.25).....2

24. When did that pregnancy end?

RECORD DATE:
 MO DA YR

69-74/

A. How many weeks had (NAME) been pregnant when that happened?

ENTER NUMBER OF WEEKS: 75-76/

Don't know.....98

IF MISCARRIAGE, ASK B-C; OTHERS GO TO D.

B. Did a doctor tell why this (miscarriage/stillbirth) might have occurred?

Yes.....(ASK C).....1 77/

No.....(GO TO D).....2

C. What did the doctor say caused the (miscarriage/stillbirth)? RECORD VERBATIM.

78/

D. INTERVIEWER: IS THERE A FOURTH PREGNANCY SINCE DATE OF LAST INTERVIEW? (IS NUMBER OF PREGNANCIES IN Q.12B EQUAL TO 4 OR MORE?)

YES.....(GO TO NEW QUESTIONNAIRE).....1 79/

NO.....2

25. Since (DATE OF LAST INTERVIEW) have you ever tried for a period of one year or more, to conceive a child and were not able to do so?

Yes.....1 10/
No.....(SKIP TO SECTION 6).....2

26. For how many periods of one year or more did this happen?

One.....1 11/
Two.....2
Three.....3
Four.....4

27. Since (DATE OF LAST INTERVIEW), in what month and year did the first period begin? And in what month and year did it end?

Begin 12-15/ End 16-19/
MO YR MO YR OR HAS NOT
ENDED.....0000

28. During this first period, what was your wife or partner's first name? RECORD BELOW.

20-33/
34-35/
ID #

29. How old was (NAME) in (BEGINNING DATE OF PERIOD)?

RECORD AGE: 36-37/

30. During this first period, did either of you see a doctor to discuss any difficulties in conceiving children?

Yes.....1 38/
No.....2

31. ON BLUE SELF ADMINISTERED FORM 1, CODE "PERIOD 1." GIVE BLUE FORM TO C, AND READ THESE INSTRUCTIONS.

There are many reasons that some couples find it difficult or impossible to conceive a child. Please read this card and circle the number on Side A for each reason which applied to you for this period. Side B provides reasons appropriate for your spouse. Circle as many responses as appropriate.

Now please fill out this card and place it in the envelope when you are finished.

32. INTERVIEWER: IS THERE A SECOND PERIOD OF INFERTILITY SINCE DATE OF LAST INTERVIEW? (IS Q.26 CODED "TWO" OR MORE?)

YES.....(GO TO Q.33).....1 39/
NO.....(SKIP TO SECTION 6).....2

33. Since (DATE OF LAST INTERVIEW), in what month and year did the second period begin? And in what month and year did it end?

Begin 40-43/ End 44-47/
MO YR MO YR OR HAS NOT
ENDED.....0000

34. During this second period what was your wife or partner's first name? RECORD BELOW.

48-61/
62-63/
ID #

35. How old was (NAME) in (BEGINNING DATE OF PERIOD)?

RECORD AGE: 64-65/

36. During this second period did either of you see a doctor to discuss any difficulties in conceiving children?

Yes.....1 66/
No.....2

37. C-JE "PERIOD 2" AND NAME SELF-ADMINISTERED FORM 1.

There are many reasons that some couples find it difficult or impossible to conceive a child. Please read this card and circle the number on Side A for each reason which applied to you for this period. Side B provides reasons appropriate for your spouse. Circle as many responses as appropriate.

Now please fill out this card and place it in the envelope when you are finished.

38. INTERVIEWER: IS THERE A THIRD PERIOD OF INFERTILITY SINCE DATE OF LAST INTERVIEW? (IS Q.26 CODED "THREE"?)

YES.....(GO TO Q.39).....1 67/
NO.....(SKIP TO SECTION 6).....2

39. Since (DATE OF LAST INTERVIEW), in what month and year did the third period begin? And in what month and year did it end?

Begin 68-71/ End 72-75/
 MO YR MO YR OR HAS NOT
 ENDED.....0000

BEGIN DECK 34

40. During this third period, what was your wife or partner's first name?
 RECORD BELOW.

10-23/
 24-25/
 ID #

41. How old was (NAME) in (BEGINNING DATE OF PERIOD)?

RECORD AGE: 26-27/

42. During this third period, did either of you see a doctor to discuss any difficulties in conceiving children?

Yes.....1 29/
 No.....2

43. CODE "PERIOD 3" AND HAND SELF-ADMINISTERED FORM 1.

There are many reasons that some couples find it difficult or impossible to conceive a child. Please read this card and circle the number on Side A for each reason which applied to you for this period. Side B provides reasons appropriate for your spouse. Circle as many responses as appropriate.

Now please fill out this card and place it in the envelope when you are finished.

44. INTERVIEWER: IS THERE A FOURTH PERIOD OF INFERTILITY SINCE DATE OF LAST INTERVIEW? (IS Q.26 CODED "FOUR"?)

YES.....(GO TO NEW QUESTIONNAIRE).....1
 NO.....(GO TO SECTION 6).....2

Section 6: Child and Family Health

Now I would like to ask you some questions about birth defects in your family. By birth defects I mean a physical abnormality present (though not necessarily noticed) at the time of birth. Birth defects range in severity from unusual birthmarks to a missing or misshapen limb. Birth defects can affect any part of the body, including bones, body organs such as kidneys or the heart, reproductive and respiratory systems, blood, and the skin.

1. INTERVIEWER: HAS RESPONDENT HAD ANY BIOLOGICAL CHILDREN?

YES.....1 29/
 NO.....(SKIP TO Q.22).....2

- A. ARE CHILDREN RECORDED ON CHILDREN'S RECORD FORM?

YES.....(ASK B).....1 30/
 NO.....(SKIP TO Q.2B).....2

IF NEEDED, VERIFY AND CORRECT BIRTH DATE, SEX AND BOTH MOTHER'S AND CHILD'S NAME FOR EACH CHILD ON THE CHILDREN'S RECORD FORM.

- B. FOR EACH CHILD LISTED ON CHILDREN'S RECORD FORM ASK: Our records indicate that (CHILD)(had/did not have) a birth defect at the time you were last interviewed. Is this information correct?

IF INFORMATION IS CORRECT..(GO TO Q.2A).....1 31/
 IF INFORMATION IS INCORRECT, MAKE
 CORRECTIONS ON CHILDREN'S RECORD
 FORM.....(THEN GO TO Q.2A).....2
 DON'T KNOW.....8

- 2A. FOR EACH CHILD ON RECORD FORM (EXCEPT CHILDREN WHO DIED BEFORE DATE OF LAST INTERVIEW) ASK: Has a(an additional) defect been identified in (CHILD)/(since DATE OF LAST INTERVIEW)? RECORD ON CHILDREN'S RECORD FORM.

RECORD ALL NEW CHILDREN ON THE SUPPLEMENTARY CHILDREN'S RECORD FORM.

- 2B. FOR EACH CHILD RECORDED ON THE SUPPLEMENTARY FORM ASK: Has a defect been identified in (CHILD)? RECORD ON SUPPLEMENTARY CHILDREN'S RECORD FORM.

3. INTERVIEWER: ASK QUESTIONS 4-20 FOR EACH CHILD, INCLUDING ALL WHO MAY HAVE DIED.

[Now I would like to ask about (NEXT CHILD)].

PLEASE GO ON TO NEXT PAGE →

	1ST CHILD		2ND CHILD	
CHILD'S NAME:				
CHILD'S ID#		32-33/		49-50/
MOTHER'S ID#		34-35/		51-52/

4. Was (CHILD) ever diagnosed as having cancer?

Yes.....1 36/1 53/

No.....(00 TO 0.5).....2(0.5)....2

FILL OUT HEALTH CARE PROVIDER FORM.
IF NECESSARY, COMPLETE A MEDICAL AUTHORIZATION FORM.

5. Did (CHILD) ever have a diagnosed... (READ EACH CATEGORY)...

	Yes	No	Yes	No
learning disability.....1	2 37/	....1 2	54/	
physical or motor impairment.....1	2 38/	....1 2	55/	
mental impairment.....1	2 39/	....1 2	56/	

6. INTERVIEWER: HAS ANY CANCER, DEFECT OR IMPAIRMENT BEEN IDENTIFIED IN (CHILD)?

CHECK CHILDREN'S RECORD FORM AND QS. 10, 2, AND 4. IF YES, CODE, ASK Q. 7.

YES.....(00 TO 0.7).....1 45/(0.7).....1 62/

NO.....(ASK A).....2(A).....2

A. INTERVIEWER: IS THERE ANOTHER CHILD?

YES.....(ASK Q. 4 AND 5).....1 46/ ..(Q. 4 AND 5)....1 63/

NO.....(SKIP TO Q. 22).....2(Q. 22)....2

7. What kind of (birth defect(s)/impairment) does/did (CHILD) have? Any others?

47/ 64/

8. Did you (or someone else) discuss (CHILD'S) (birth defect(s)/impairment) with a partner?

Yes.....(00 TO 0.9).....1 48/(0.9).....1 65/

No.....(SKIP TO Q. 11).....2(Q. 11)....2

3RD CHILD	4TH CHILD	5TH CHILD	6TH CHILD
66-67/ 68-69/	16-15/ 16-17/	31-32/ 33-34/	48-49/ 50-51/

.....1 70/(A & B).....1 18/(A & B).....1 35/(A & B).....1 52/
(Q.5).....2(Q.5).....2(Q.5).....2(Q.5).....2

FILL OUT HEALTH CARE PROVIDER FORM,
 IF NECESSARY, COMPLETE A MEDICAL AUTHORIZATION FORM.

Yes	No	Yes	No	Yes	No	Yes	No
.....1	2 71/	.....1	2 18/	.....1	2 36/	.....1	2 53/
.....1	2 72/	.....1	2 20/	.....1	2 37/	.....1	2 54/
.....1	2 73/	.....1	2 21/	.....1	2 38/	.....1	2 55/

BEGIN DECK 35 22-26/R 39-43/R 56-60/R

.....(Q.7).....1 10/(Q.7).....1 27/(Q.7).....1 44/(Q.7).....1 61/
(ASK A).....2(ASK A).....2(ASK A).....2(ASK A).....2

..(Q.4 AND 5).....1 11/ ..(Q.4 AND 5).....1 28/ ..(Q.4 AND 5).....1 45/ ..(Q.4 AND 5).....1 62/

.....(Q.22).....2(Q.22).....2(Q.22).....2(Q.22).....2

.....12/29/46/63/

.....(Q.9).....1 13/(Q.9).....1 30/(Q.9).....1 47/(Q.9).....1 64/

.....(Q.11).....2(Q.11).....2(Q.11).....2(Q.11).....2

A-30

CHILD'S NAME:	1ST CHILD	2ND CHILD
CHILD'S ID #		
MOTHER'S ID #		

9. FILL OUT THE HEALTH CARE PROVIDER FORM FOR EACH CANCER, DISABILITY AND DEFECT.
 IF NECESSARY, COMPLETE A MEDICAL AUTHORIZATION FORM

FILL OUT THE HEALTH CARE PROVIDER FORM FOR EACH CANCER, DISABILITY AND DEFECT.
 IF NECESSARY, COMPLETE A MEDICAL AUTHORIZATION FORM

FILL OUT THE HEALTH CARE PROVIDER FORM FOR EACH CANCER, DISABILITY AND DEFECT.
 IF NECESSARY, COMPLETE A MEDICAL AUTHORIZATION FORM

10. Did the doctor say that (CHILD) need(s) any testing, medication, treatment, surgery, or special equipment because of a (birth defect/impairment)? (By special equipment I mean a wheelchair, walker, artificial limb, body brace(s), or crutches).

Yes.....1 66/1 72/
 No.....22
 DON'T KNOW.....88

11. Did (CHILD) ever receive any testing, medication, treatment, surgery or special equipment because of a (birth defect/impairment)?

Yes.....1 67/1 73/
 No.....22
 DON'T KNOW.....88

12. At any time, did (CHILD'S) (birth defect(s)/impairment) interfere in any way with (CHILD'S) physical or social development? For example, getting a job or making friends?

Yes.....(GO TO Q.13).....1 68/(Q.13).....1 74/
 No.....(ASK A).....2(ASK A).....2
 DON'T KNOW.....88

A. INTERVIEWER: WAS THERE A YES CODED AT Q.10 or Q.11?

YES.....(GO TO Q.13).....1 69/(Q.13).....1 75/
 NO.....(ASK B).....2(ASK B).....2

B. INTERVIEWER: IS THERE ANOTHER CHILD?

YES.....(GO BACK TO Q.4 FOR NEXT CHILD).....1 76/(Q.4).....1 76/
 NO.....(SKIP TO Q.22).....2(Q.22).....2

3RD CHILD	4TH CHILD	5TH CHILD	6TH CHILD
FILL OUT THE HEALTH CARE PROVIDER FORM FOR EACH CHILD, DISABILITY AND DEFECT.	FILL OUT THE HEALTH CARE PROVIDER FORM FOR EACH CHILD, DISABILITY AND DEFECT.	FILL OUT THE HEALTH CARE PROVIDER FORM FOR EACH CHILD, DISABILITY AND DEFECT.	FILL OUT THE HEALTH CARE PROVIDER FORM FOR EACH CHILD, DISABILITY AND DEFECT.
IF NECESSARY, COMPLETE A MEDICAL AUTHORIZATION FORM.	IF NECESSARY, COMPLETE A MEDICAL AUTHORIZATION FORM.	IF NECESSARY, COMPLETE A MEDICAL AUTHORIZATION FORM.	IF NECESSARY, COMPLETE A MEDICAL AUTHORIZATION FORM.

.....1 70/1 14/1 20/1 26/

.....2222

.....0000

.....1 70/1 15/1 21/1 27/

.....2222

.....0000

0000 DECK 36

.....(0.13).....1 10/(0.13).....1 16/(0.13).....1 22/(0.13).....1 28/

.....(ASK A).....2(ASK A).....2(ASK A).....2(ASK A).....2

.....0000

.....(0.13).....1 11/(0.13).....1 17/(0.13).....1 23/(0.13).....1 29/

.....(ASK B).....2(ASK B).....2(ASK B).....2(ASK B).....2

.....(0.4).....1 12/(0.4).....1 18/(0.4).....1 24/(0.4).....1 30/

.....(0.22).....2(0.22).....2(0.22).....2(0.22).....2

A-31

	1ST CHILD	2ND CHILD
CHILD'S NAME:		
CHILD'S ID #		
MOTHER'S ID #		

13. Did (CHILD'S) doctor say that (any of) (CHILD'S) (birth defect(s)/impairment(s)) (yes/were) life-threatening if left untreated? (By untreated I mean if (CHILD) did not receive surgery, medication, a special diet, or some other medical intervention.)

Yes.....(ASK A).....1(ASK A).....1

No.....(ASK A).....2(ASK A).....2

DON'T KNOW.....(ASK A).....0(ASK A).....0

A. INTERVIEWER: IS CHILD UNDER TWO YEARS OLD OR DID CHILD DIE BEFORE HE OR SHE WAS TWO YEARS OLD?

YES.....(SKIP TO Q.20).....1(Q.20).....1

NO.....22

14. Did (CHILD) ever need help with eating, dressing, bathing, or using the toilet because of a (birth defect/impairment)? (Help includes someone actually helping rather than just standing by to assist if needed.)

Yes.....11

No.....22

15. Because of a (birth defect/impairment), did (CHILD) ever use or need any mechanical or special aids such as a wheelchair, walker, body brace, artificial limbs, or crutches to carry out everyday activities?

Yes.....11

No.....22

16. Was (CHILD) ever unable to take part at all in ordinary play with other children because of a (birth defect/impairment)?

Yes.....(GO TO Q.17).....1(Q.17).....1

No.....(ASK A).....2(ASK A).....2

A. Was (CHILD) ever limited in the kind or amount of play he/she could do because of his/her (birth defect/impairment)?

Yes.....11

No.....22

3RD CHILD	4TH CHILD	5TH CHILD	6TH CHILD

63/	49/	55/	61/
.....(ASK A).....1	.....(ASK A).....1	.....(ASK A).....1	.....(ASK A).....1
.....(ASK A).....2	.....(ASK A).....2	.....(ASK A).....2	.....(ASK A).....2
.....(ASK A).....8	.....(ASK A).....8	.....(ASK A).....8	.....(ASK A).....8
64/	50/	56/	62/
.....(Q.20).....1	.....(Q.20).....1	.....(Q.20).....1	.....(Q.20).....1
.....2	.....2	.....2	.....2

63/	51/	57/	63/
.....1	.....1	.....1	.....1
.....2	.....2	.....2	.....2

66/	52/	58/	64/
.....1	.....1	.....1	.....1
.....2	.....2	.....2	.....2

67/	53/	59/	65/
.....(Q.17).....1	.....(Q.17).....1	.....(Q.17).....1	.....(Q.17).....1
.....(ASK A).....2	.....(ASK A).....2	.....(ASK A).....2	.....(ASK A).....2
68/	54/	60/	66/
.....1	.....1	.....1	.....1
.....2	.....2	.....2	.....2

CHILD'S NAME:	1ST CHILD	2ND CHILD
CHILD'S TO #		
MOTHER'S TO #		

17. Did (CHILD'S) (birth defect(s)/ impairment) ever keep (him/ her) from going to school?	Yes.....(00 TO 0.18).....1 67/	.....(0.18).....1 75/
	No.....(ASK A).....2	.....(ASK A).....2

A. Did (CHILD) ever have to go to a certain type of school, or be in a special class because of (his/her) (birth defect(s)/impairment)?	Yes.....(00 TO 0.18).....1 68/	.....(0.18).....1 76/
	No.....(ASK B).....2	.....(ASK B).....2

B. Was (CHILD) ever limited in school attendance or in being able to learn because of (his/her) (birth defect(s)/impairment)?	Yes.....1 69/	.....1 77/
	No.....2	.....2

18. Because of (his/her) (birth defect(s)/impairment) did (CHILD) ever need a lot more help than other children (CHILD'S) age in going outside, getting to school, going to the store, and other everyday activities like that?	Yes.....1 70/	.....1 78/
	No.....2	.....2

19. Because of a (birth defect/ impairment), did (CHILD) ever need the help of another person for every- day activities such as taking care of the house or yard, doing the laundry, or preparing meals?	Yes.....1 71/	.....1 79/
	No.....2	.....2

BEGIN DECK 37

20. Will/Would (CHILD'S) birth defect(s) (keep/have kept) (him/her) from working on a job for pay?	Yes.....(00 TO 0.21).....1 72/	.....(0.21).....1 10/
	No.....(ASK A).....2	.....(ASK A).....2

A. Will/Would (CHILD) (be/have been) limited in the kind of work (he/she) could (do/have done) because of (his/her) birth defect(s)?	Yes.....(00 TO 0.21).....1 73/	.....(0.21).....1 11/
	No.....(ASK B).....2	.....(ASK B).....2

B. Will/Would (CHILD) (be/have been) limited in the amount of work (he/she) could (do/have done) because of (his/her) birth defect(s)?	Yes.....1 74/	.....1 12/
	No.....2	.....2

3RD CHILD	4TH CHILD	5TH CHILD	6TH CHILD
.....1 13/	.....1 21/	.....1 29/	.....1 37/
.....(ASK A).....2	.....(ASK A).....2	.....(ASK A).....2	.....(ASK A).....2
.....1 14/	.....1 22/	.....1 30/	.....1 38/
.....(ASK B).....2	.....(ASK B).....2	.....(ASK B).....2	.....(ASK B).....2
.....1 15/	.....1 23/	.....1 31/	.....1 39/
.....2	.....2	.....2	.....2
.....1 16/	.....1 24/	.....1 32/	.....1 40/
.....2	.....2	.....2	.....2
.....1 17/	.....1 25/	.....1 33/	.....1 41/
.....2	.....2	.....2	.....2
.....1 18/	.....1 26/	.....1 34/	.....1 42/
.....(ASK A).....2	.....(ASK A).....2	.....(ASK A).....2	.....(ASK A).....2
.....1 19/	.....1 27/	.....1 35/	.....1 43/
.....(ASK B).....2	.....(ASK B).....2	.....(ASK B).....2	.....(ASK B).....2
.....1 20/	.....1 28/	.....1 36/	.....1 44/
.....2	.....2	.....2	.....2

A-33

1ST CHILD	2ND CHILD
CHILD'S NAME:	
CHILD'S ID #	
MOTHER'S ID #	
21. INTERVIEWER: DOES RESPONDENT HAVE ANOTHER CHILD?	
YES.....(GO BACK TO Q.4).....1 45/	.....(Q.4).....1 46/
NO.....(GO TO Q.22).....2	.....(Q.22).....2
22. Did <u>you</u> ever have a birth defect?	
Yes.....(ASK A).....1	47/
No.....2	
A. What kind of birth defect was it? Any others?	
48/	
23. Do you have any biological brothers or sisters? Include any brothers or sisters who may have died before the age of 1.	
Yes.....(ASK Q.24).....1	49/
No.....(SKIP TO Q.25).....2	
Don't Know..(SKIP TO Q.25).....8	

3RD CHILD	4TH CHILD	5TH CHILD	6TH CHILD
.....(0,4).....1 90/	.....(0,4).....1 51/	.....(0,4).....1 52/	...(NEW QUEX).....1 53/
.....(0,22).....2	.....(0,22).....2	.....(0,22).....2	.....(0,22).....2

24. Did any of your biological brothers or sisters ever have a birth defect?

Yes.....(ASK A).....1 54/

No.....(SKIP TO Q.25).....2

Don't know...(SKIP TO Q.25).....0

A. Who had a defect, brothers, sisters, or both?

Brothers1 55/

Sisters.....2

Both.....3

FOR EACH SIBLING WITH A BIRTH DEFECT, ASK: What kind of birth defect did your (brother/sister) have? Was this sibling a half (brother/sister) or a full (brother/sister)? RECORD BELOW.

Sibling 1

Sibling 2

DEPCT: 56/ DEPCT: 58/

Half (brother/sister)...1	57/	Half (brother/sister)...1	59/
Full (brother/sister)...2		Full (brother/sister)...2	

Sibling 3

Sibling 4

DEFECT: 60/ DEFECT: 62/

Half (brother/sister)...1	61/	Half (brother/sister)...1	63/
Full (brother/sister)...2		Full (brother/sister)...2	

25. Now I would like to ask you some questions about your biological parents. Did either your biological mother or biological father ever have a birth defect?

Yes.....(GO TO Q.26).....1 64/

No.....(SKIP TO Q.28).....2

DON'T KNOW..(SKIP TO p.28)..8

26. Which parent had a birth defect?

Mother only.....1 65/

Father only.....2

Both parents.....3

27. What kind of birth defect did your (PARENT) have?

Mother: _____ 66/ Father: _____ 67/

Now I have some different kind of questions.

28. Has anyone near to you died in the last 12 months?

HAND
CARD
I

Yes..(ASK A AND B).....1 68/

No.....2

A. What was the person's relationship to you? Please choose as many as apply. CODE ALL THAT APPLY.

A. Child.....01 69-70/

B. Parent.....02 71-72/

C. Spouse/partner.....03 73-74/

D. Brother or sister.....04 75-76/

E. Other near relative of you or your spouse/partner.....05 77-78/

F. Friend.....06 79-80/

G. Other (SPECIFY) _____ BEGIN DECK 38

07 10-11/

8. What (was the date/were the dates) of the death(s)? What month and year? (ENTER DATES OF DEATH IN SAME ORDER AS CIRCLED CODES.)

ENTER MONTH AND YEAR: 12-15/
 MO YR

ENTER MONTH AND YEAR: 16-19/
 MO YR

ENTER MONTH AND YEAR: 20-23/
 MO YR

SECTION 7: HEALTH

1. Now let's talk about health. Compared to other people your age, would you say that your health is . . . (READ CHOICES)?

Excellent.....1 24/

Good.....2

Fair.....3

Poor.....4

2. Since (DATE OF LAST INTERVIEW) have you had acne on your face, chest or back?

Yes.....1 25/

No.....(SKIP TO Q.9).....2

3. During what year, between (DATE OF LAST INTERVIEW) and now, did you last have acne on your face, chest or back?

RECORD YEAR: 26-27/

4. Think about the [first/next] time you had acne on your face, chest or back between (DATE OF LAST INTERVIEW) and now. When did it start and until when did it last? (PROBE FOR ALL PERIODS OF TIME).

First

Second

Third

28-31/
 Mo Yr

36-39/
 Mo Yr

44-47/
 Mo Yr

to

to

to

32-35/
 Mo Yr

40-43/
 Mo Yr

48-51/
 Mo Yr

HAND
CARD
J

Q. 4 INTERVIEWER: ASK A FOR EACH TIME IN Q.4

IF ANY "YES" TO TEMPLES, EYES, EYELIDS OR EARS IN A, ASK Q.5; ALL OTHERS SKIP TO Q.9.

A. Please show me on this diagram where the acne (is/was) located (the [first/next] time). CIRCLE "YES" OR "NO"

	FIRST TIME			SECOND TIME			THIRD TIME		
	Yes	No		Yes	No		Yes	No	
Temples	1	2	52/	1	2	61/	1	2	70/
Eyes or eyelids	1	2	53/	1	2	62/	1	2	71/
Ears	1	2	54/	1	2	63/	1	2	72/
Cheeks	1	2	55/	1	2	64/	1	2	73/
Nose	1	2	56/	1	2	65/	1	2	74/
Forehead	1	2	57/	1	2	66/	1	2	75/
Jaw, Chin									
Other	1	2	58/	1	2	67/	1	2	76/
Chest	1	2	59/	1	2	68/	1	2	77/
Back	1	2	60/	1	2	69/	1	2	78/

5. Between (DATE OF LAST INTERVIEW) and now, did you ever consult a doctor or medical facility about the acne on your (temples/eyes/eyelids/ears)?

Yes.....1 79/

No.....(SKIP TO Q.9).....2

6. What month and year did you first consult a doctor about the acne on your (temples/eyes/eyelids/ears)?

Mo Yr

BEGIN DECK 39

10-13/

A-36

A. What was the name of the doctor or medical facility you consulted at the time?

COMPLETE MEDICAL AUTHORIZATION FORM, IF NECESSARY.

Physicians Last Name

First Name

OR

Facility Name

8. What is the address of that (doctor/medical facility)?

STREET ADDRESS

14/

CITY

(STATE)

7. What month and year did you last consult a doctor about the acne on your (temples/eyes/eyelids/ears)?

Mo Yr

15-18/

8. What was the name of the doctor or medical facility you consulted at the time? COMPLETE MEDICAL AUTHORIZATION FORM, IF NECESSARY.

Physicians Last Name

First Name

OR

Facility Name

A. What is the address of that (doctor/medical facility)?

STREET ADDRESS

CITY

(STATE)

9. INTERVIEWER: WAS R INTERVIEWED IN 1985 OR 1986? SEE INFORMATION SHEET

YES.....(SKIP TO Q.11).....1

NO.....2

10. What is your blood type?

A.....1

19/

B.....2

O.....3

AB.....4

DON'T KNOW.....8

A. Is that positive or negative?

Positive.....1

20/

Negative.....2

HAND
CARD
K

A-37

ASK OF ALL RESPONDENTS

11. During the last year, how often, on average, would you say you use aspirin?

More than 4 aspirin a day.....1

21/

4 aspirin a day (2 doses a day).....2

2 aspirin a day (1 dose a day).....3

6-8 aspirin a week (1 dose, 3-4 days/week)..4

4 aspirin a week or less.....5

None.....6

HAND
CARD
L

12. In the summer, once you have already been in the sun several times, what reaction will your skin have the next time you go out in the sun for two or more hours on a bright day? Would you say you get . . .

A painful burn?.....1

22/

A burn?.....2

Some redness only?.....3

Or no reaction?.....4

13. After repeated sun exposures, for example, a two week vacation outdoors, will your skin become . . .

Only freckled or no suntan at all.....1

23/

Only mildly tanned due to a tendency to peel.....2

Moderately tanned.....3

Very brown and deeply tanned.....4

HAND
CARD
M

INTERVIEWER: WAS R INTERVIEWED IN 1985 OR 1986? SEE INFORMATION SHEET.

YES.....(SKIP TO Q-15).....1

NO.....2

14. **HAND SELF-ADMINISTERED FORM 2.** We would like you to tell us all the places you've lived since you were born. Please list all the places you've lived for more than 12 months starting with the first place since birth. Please take your time. It will probably take you 10 minutes or so to fill out this form. Please begin.

15. [Since (DATE OF LAST INTERVIEW)]/(During any period in your life), did a doctor (ever) tell you that you had a peptic or stomach ulcer?

Yes.....(GO TO Q-16).....1 24/

No.....(SKIP TO Q-30).....2

16. During what month and year did a doctor first tell you that you had a peptic or stomach ulcer?

Mo Yr

25-28/

17. What is the full name of the doctor who made the diagnosis or the medical facility where the diagnosis was made? **COMPLETE MEDICAL AUTHORIZATION FORM, IF NECESSARY.**

LAST

FIRST

MIDDLE

OR

FACILITY NAME

- A. What is the address of that (doctor/medical facility)?

STREET ADDRESS

CITY

(STATE)

18. Do you have a peptic or stomach ulcer now?

Yes.....1 29/

No.....2

19. What month and year did you last consult a doctor for your peptic or stomach ulcer?

Mo Yr

30-33/

- A. Was this the same doctor that had originally diagnosed the stomach ulcer for the first time?

Yes....(SKIP TO Q-20).....1

No.....2

- B. What is the full name of the doctor you last consulted for your peptic or stomach ulcer? **COMPLETE MEDICAL AUTHORIZATION FORM.**

LAST

FIRST

OR

FACILITY NAME

- C. What is the address of that doctor/medical facility?

STREET ADDRESS

CITY

(STATE)

20. [Since (DATE OF LAST INTERVIEW) have you]/[Have you ever during any period in your life) had a bleeding ulcer?

Yes.....1 34/

No.....(SKIP TO Q-22).....2

21. During what month and year did a doctor first tell you that you had a bleeding ulcer?

Mo Yr

35-38/

22. What is the full name of the doctor who made the diagnosis or the medical facility where the diagnosis was made? COMPLETE AUTHORIZATION FORM, IF NECESSARY.

INTERVIEWER: IF NAME OF DOCTOR IN Q.22 IS THE SAME AS IN Q.17, WRITE IN "SAME PROVIDER AS IN Q.17." LEAVE Q.23 BLANK

LAST

FIRST

OR

FACILITY NAME

23. What is the address of that (doctor/medical facility)?

STREET ADDRESS

CITY

(STATE)

24. What month and year did you last consult a doctor for your bleeding ulcer?

Mo Yr

39-42/

- A. Was this the same doctor that had originally diagnosed the stomach ulcer for the first time?

Yes....(SKIP TO Q.25).....1

No.....2

- B. What is the full name of the doctor you last consulted for you bleeding ulcer? COMPLETE MEDICAL AUTHORIZATION FORM.

LAST

FIRST

OR

FACILITY NAME

- C. What is the address of that doctor/medical facility)?

STREET ADDRESS

CITY

(STATE)

25. What is the treatment you are currently taking for the bleeding ulcer?

26. During what month(s) and year(s) did you have a bleeding ulcer? Any other times?

FROM		FROM		FROM	
Mo Yr	43-46/	Mo Yr	51-54/	Mo Yr	59-62/
TO		TO		TO	
Mo Yr	47-50/	Mo Yr	55-58/	Mo Yr	63-66/

27. Were you ever (during any period in your life) hospitalized for your peptic or stomach ulcer?

Yes.....1

67/

No.....2

28. Have you ever (during any period in your life) had surgery for your peptic or stomach ulcer?

Yes.....1 68/
No.....2

29. Are you currently taking any prescribed medicines for your peptic or stomach ulcer?

Yes.....1 69/
No.....(SKIP TO Q.30).....2

A. What are the names of the medicines you are taking?
(PROBE: WHAT OTHERS?)

1) _____
2) _____
3) _____

30. Please indicate which of the following members of your biological family have ever had a peptic or stomach ulcer?

HAND
CARD
0

1. Mother.....01 70-71/
2. Father.....02 72-73/
3. Full Brother.....03 74-75/
4. Half Brother.....04 76-77/
5. Full Sister.....05 78-79/
6. Half Sister.....06 10-11/
7. None.....07 12-13/
8. DON'T KNOW.....08 14-15/

31. Do you have or have you recently had sharp upper stomach pain?

Yes.....1 16/
No.....(SKIP TO Q.34).....2

32. Was this pain relieved by food, milk, or antacids?

Yes.....1 17/
No.....2

33. Has this stomach pain awakened you from sleep?

Yes.....1 18/
No.....2

34. Have you vomited blood recently?

Yes.....1 19/
No.....2

35. Have you recently experienced dark tar colored stools or bowel movements?

Yes.....1 20/
No.....2

Now I would like to ask you some questions that deal only with the period of time between (DATE OF LAST INTERVIEW) and now. (IF NO PREVIOUS INTERVIEW: Between January 1, 1983 and now.)

INTERVIEWER: ASK A THROUGH G FOR EACH CONDITION CODED YES.

Since (DATE OF LAST INTERVIEW) has a doctor told you for the first time that you had .../

Between (DATE OF LAST INTERVIEW) and now, in what month and year did a doctor first tell you that you had (CONDITION)?

What is the full name and address of the doctor who first made the diagnosis or the medical facility where the diagnosis was first made?

REVIEW MEDICAL AUTHORIZATION FORMS. COMPLETE NEW MEDICAL AUTHORIZATION FORM, IF NECESSARY.

Yes No

PLEASE GO ON TO NEXT PAGE

36. Diabetes?

1 2 21/ ☐ ☐ ☐ ☐
SKIP No Yr
TO 22-25/
0.37

Last Name 26/

First Name

OR

Facility Name

Street Address

City State

37. Thyroid problems?

1 2 27/ ☐ ☐ ☐ ☐
SKIP No Yr
TO 28-32/
0.38

Last Name 33/

First Name

OR

Facility Name

Street Address

City State

(SPECIFY) _____

28/

A-41

C		D		E		F		G	
Do you have (CONDITION) now?		Are you currently taking any prescribed medicines for your (CONDITION)?		What are the names of medicines you are taking? Any others?		When did you last consult a doctor for (CONDITION) between (DATE OF LAST INTERVIEW) and now?		What is the full name and address of the doctor or medical facility you last consulted? IF DIFFERENT DOCTOR FROM B, COMPLETE MEDICAL AUTHORIZATION FORM.	
Yes	No	Yes	No						
1	2 34/ 1	2 35/ SKIP TO F	11	<div> <div>Mo</div> <div>Yr</div> </div>		<div> <div>Mo</div> <div>Yr</div> </div>		<div> <div>Last Name</div> <div>49/</div> </div>	
			20	<div> <div>Mo</div> <div>Yr</div> </div>		<div> <div>Mo</div> <div>Yr</div> </div>		<div> <div>First Name</div> <div>OR</div> </div>	
			30	<div> <div>Mo</div> <div>Yr</div> </div>		<div> <div>Mo</div> <div>Yr</div> </div>		<div> <div>Facility Name</div> <div>Street Address</div> <div>City</div> <div>State</div> </div>	
				<div> <div>Mo</div> <div>Yr</div> </div>		<div> <div>Mo</div> <div>Yr</div> </div>		<div> <div>Facility Name</div> <div>Street Address</div> <div>City</div> <div>State</div> </div>	

Since (DATE OF LAST INTERVIEW) has a doctor told you for the first time that you had...

Between (DATE OF LAST INTERVIEW) and now, in what month and year did a doctor first tell you that you had (CONDITION)?

What is the full name and address of the doctor who first made the diagnosis or the medical facility where the diagnosis was first made? REVIEW MEDICAL AUTHORIZATION FORM, COMPLETE NEW MEDICAL AUTHORIZATION FORM, IF NECESSARY.

A		B	
38. Anemia?		39. A heart condition?	
1	2 66/	1	2 72/
SKIP TO 0.39	Mo Yr 67-70/	SKIP TO 3.41	Mo Yr 76-77/
<div> <div>Last Name</div> <div>71/</div> </div>		<div> <div>Last Name</div> <div>75/</div> </div>	
<div> <div>First Name</div> <div>OR</div> </div>		<div> <div>First Name</div> <div>OR</div> </div>	
<div> <div>Facility Name</div> <div>Street Address</div> <div>City</div> <div>State</div> </div>		<div> <div>Facility Name</div> <div>Street Address</div> <div>City</div> <div>State</div> </div>	

BEGIN DECK 41

C		D		E		F		G	
Do you have (CONDITION) now?		Are you currently taking any prescribed medicines for your (CONDITION)?		What are the names of medicines you are taking? Any others?		When did you last consult a doctor for (CONDITION) between (DATE OF LAST INTERVIEW) and now?		What is the full name and address of the doctor or medical facility you last consulted? IF DIFFERENT FROM B, COMPLETE MEDICAL AUTHORIZATION FORM.	
Yes	No	Yes	No			No	Yr	Last Name	25/
1	2 10/	1	2 11/	1) _____		____	____	____	____
			SKIP TO F	_____ 12-14/		____	21-24/	____	____
				2) _____				First Name	____
				_____ 15-17/				OR	____
				3) _____				Facility Name	____
				_____ 18-20/				Street Address	____
								City	State
1	2 26/	1	2 27/	1) _____		____	____	Last Name	41/
			SKIP TO	_____ 28-31/		____	31-40/	____	____
				2) _____				First Name	____
				_____ 41-50/				OR	____
				3) _____				Facility Name	____
				_____ 51-60/				Street Address	____
								City	State

A

B

Since (DATE OF LAST INTERVIEW) has a doctor told you for the first time that you had...

Between (DATE OF LAST INTERVIEW) and now, in what month and year did a doctor first tell you that you had (CONDITION)?

What is the full name and address of the doctor who first made the diagnosis or the medical facility where the diagnosis was first made? IF AUTHORIZATION FORM NOT COMPLETED FOR THIS DOCTOR, COMPLETE FORM.

Yes No

40. An enlarged liver?

1 2 42/ _____
 SKIP TO 0,41
 No Yr 43-46/

Last Name 47/

First Name

OR

Facility Name

Street Address

City State

41. Jaundice?

1 2 48/ _____
 SKIP TO 0,42
 No Yr 49-52/

Last Name 53/

First Name

OR

Facility Name

Street Address

City State

C		D		E		F		G	
Do you have (CONDITION) now?		Are you currently taking any prescribed medicines for your (CONDITION)?		What are the names of medicines you are taking? Any others?		When did you last consult a doctor for (CONDITION) between (DATE OF LAST INTERVIEW) and now?		What is the full name and address of the doctor or medical facility you last consulted? IF DIFFERENT DOCTOR FROM B, COMPLETE MEDICAL AUTHORIZATION FORM.	
Yes	No	Yes	No						
1	2 54/ 1	2 55/ SKIP TO F	1)	[] [] []		Mo Yr		Last Name 69/	
			2)	56-58/		65-68/		First Name	
			3)	59-61/				OR	
				62-64/				Facility Name	
								Street Address	
						[] []		City State	
BORN IN DECK 42									
1	2 70/ 1	2 71/ SKIP TO F	1)	[] [] []		Mo Yr		Last Name 14/	
			2)	72-74/		78-81/		First Name	
			3)	75-77/				OR	
				78-80/				Facility Name	
								Street Address	
						[] []		City State	

A		B	
Since (DATE OF LAST INTERVIEW) has a doctor told you for the first time that you have ...		Between (DATE OF LAST INTERVIEW) and now, in what month and year did a doctor first tell you that you had (CONDITION)?	
Yes	No		
42. Hepatitis?	1 2 15/ [] [] []	Last Name 20/	
	SKIP TO 0,43	Mo Yr 16-19/	
		First Name	
		OR	
		Facility Name	
		Street Address	
		[] []	
		City State	
43. Cirrhosis of the liver? 1 2 21/ [] [] []			
("SIR-D-SIR")		SKIP TO 0,44	
		Mo Yr 22-25/	
		Last Name 28/	
		First Name	
		OR	
		Facility Name	
		Street Address	
		[] []	
		City State	

C		D		E		F		G	
Do you have (CONDITION) now?		Are you currently taking any prescribed medicines for your (CONDITION)?		What are the names of medicines you are taking? Any others?		When did you last consult a doctor for (CONDITION) between (DATE OF LAST INTERVIEW) and now?		What is the full name and address of the doctor or medical facility you last consulted? IF DIFFERENT DOCTOR FROM B, COMPLETE MEDICAL AUTHORIZATION FORM.	
Yes	No	Yes	No						
1	2 27/	1	2 28/	11					
			SKIP TO F			No	Yr	Last Name	42/
				21	30-31/		30-41/	First Name	
				31	32-34/			OR	
				32				Facility Name	
					35-37/			Street Address	
								City	State
1	2 43/	1	2 44/	11				Last Name	50/
			SKIP TO F			No	Yr	First Name	
				21	45-47/		50-57/	OR	
				31	48-50/			Facility Name	
					51-53/			Street Address	
								City	State

A-45

A		B	
Since (DATE OF LAST INTERVIEW) has a doctor told you for the first time that you had...		Between (DATE OF LAST INTERVIEW) and now, in what month and year did a doctor first tell you that you had (CONDITION)?	
Yes	No		
		What is the full name and address of the doctor who first made the diagnosis or the medical facility where the diagnosis was first made? IF AUTHORIZATION FORM NOT COMPLETED FOR THIS SECTION, COMPLETE FORM.	
44. Intestinal parasites?		1	2 59/
		SKIP TO 0.45	No Yr 60-63/
			Last Name 64/
			First Name
			OR
			Facility Name
			Street Address
			City State
45. Gall bladder problems?		1	2 65/
		SKIP TO 0.46	No Yr 66-69/
			Last Name 70/
			First Name
			OR
			Facility Name
			Street Address
			City State

C		D		E		F		G	
Do you have (CONDITION) now?		Are you currently taking any prescribed medicines for your (CONDITION)?		What are the names of medicines you are taking? Any others?		When did you last consult a doctor for (CONDITION) between (DATE OF LAST INTERVIEW) and now?		What is the full name and address of the doctor or medical facility you last consulted? IF DIFFERENT DOCTOR FROM B, COMPLETE MEDICAL AUTHORIZATION FORM.	
Yes	No	Yes	No						
1	2 71/ 1	2 72/ SKIP TO F	1) _____	____	____	____	____	____	____
			73-75/	____	____	____	____	____	____
			76-78/	____	____	____	____	____	____
			80-82/	____	____	____	____	____	____
			83-85/	____	____	____	____	____	____
			86-88/	____	____	____	____	____	____
			89-91/	____	____	____	____	____	____
			92-94/	____	____	____	____	____	____
			95-97/	____	____	____	____	____	____
			98-100/	____	____	____	____	____	____

1	2 10/ 1	2 10/ SKIP TO F	1) _____	____	____	____	____	____	____
			20-22/	____	____	____	____	____	____
			23-25/	____	____	____	____	____	____
			26-28/	____	____	____	____	____	____
			29-31/	____	____	____	____	____	____
			32-34/	____	____	____	____	____	____
			35-37/	____	____	____	____	____	____
			38-40/	____	____	____	____	____	____
			41-43/	____	____	____	____	____	____
			44-46/	____	____	____	____	____	____
			47-49/	____	____	____	____	____	____
			50-52/	____	____	____	____	____	____
			53-55/	____	____	____	____	____	____
			56-58/	____	____	____	____	____	____
			59-61/	____	____	____	____	____	____
			62-64/	____	____	____	____	____	____
			65-67/	____	____	____	____	____	____
			68-70/	____	____	____	____	____	____
			71-73/	____	____	____	____	____	____
			74-76/	____	____	____	____	____	____
			77-79/	____	____	____	____	____	____
			80-82/	____	____	____	____	____	____
			83-85/	____	____	____	____	____	____
			86-88/	____	____	____	____	____	____
			89-91/	____	____	____	____	____	____
			92-94/	____	____	____	____	____	____
			95-97/	____	____	____	____	____	____
			98-100/	____	____	____	____	____	____

A		B	
Since (DATE OF LAST INTERVIEW) has a doctor told you for the first time that you had		Between (DATE OF LAST INTERVIEW) and now, in what month and year did a doctor first tell you that you had (CONDITION)?	
Yes	No		
1	2 34/	1) _____	____
		2) _____	____
		3) _____	____
		4) _____	____
		5) _____	____
		6) _____	____
		7) _____	____
		8) _____	____
		9) _____	____
		10) _____	____
		11) _____	____
		12) _____	____
		13) _____	____
		14) _____	____
		15) _____	____
		16) _____	____
		17) _____	____
		18) _____	____
		19) _____	____
		20) _____	____
		21) _____	____
		22) _____	____
		23) _____	____
		24) _____	____
		25) _____	____
		26) _____	____
		27) _____	____
		28) _____	____
		29) _____	____
		30) _____	____
		31) _____	____
		32) _____	____
		33) _____	____
		34) _____	____
		35) _____	____
		36) _____	____
		37) _____	____
		38) _____	____
		39) _____	____
		40) _____	____
		41) _____	____
		42) _____	____
		43) _____	____
		44) _____	____
		45) _____	____
		46) _____	____
		47) _____	____
		48) _____	____
		49) _____	____
		50) _____	____
		51) _____	____
		52) _____	____
		53) _____	____
		54) _____	____
		55) _____	____
		56) _____	____
		57) _____	____
		58) _____	____
		59) _____	____
		60) _____	____
		61) _____	____
		62) _____	____
		63) _____	____
		64) _____	____
		65) _____	____
		66) _____	____
		67) _____	____
		68) _____	____
		69) _____	____
		70) _____	____
		71) _____	____
		72) _____	____
		73) _____	____
		74) _____	____
		75) _____	____
		76) _____	____
		77) _____	____
		78) _____	____
		79) _____	____
		80) _____	____
		81) _____	____
		82) _____	____
		83) _____	____
		84) _____	____
		85) _____	____
		86) _____	____
		87) _____	____
		88) _____	____
		89) _____	____
		90) _____	____
		91) _____	____
		92) _____	____
		93) _____	____
		94) _____	____
		95) _____	____
		96) _____	____
		97) _____	____
		98) _____	____
		99) _____	____
		100) _____	____

C		D		E		F		G	
Do you have (CONDITION) now?		Are you currently taking any prescribed medicines for your (CONDITION)?		What are the names of medicines you are taking? Any others?		When did you last consult a doctor for (CONDITION) between (DATE OF LAST INTERVIEW) and now?		What is the full name and address of the doctor or medical facility you last consulted? IF DIFFERENT SECTOR FROM B, COMPLETE SECTION B, COMPLETE MEDICAL AUTHORIZATION FORM.	
Yes	No	Yes	No						
1	2 47/	1	2 48/	11					
			SKIP TO F						
				20	49-51/		52-54/	Last Name	62/
								First Name	
				30				OR	
								Facility Name	
								Street Address	
								City	State
1	2 63/	1	2 64/	11					
			SKIP TO F						
				20	65-67/		68-70/	Last Name	76/
								First Name	
				30				OR	
								Facility Name	
								Street Address	
								City	State

A-47

A		B	
Since (DATE OF LAST INTERVIEW) has a doctor told you for the first time that you had		Between (DATE OF LAST INTERVIEW) and now, in what month and year did a doctor first tell you that you had (CONDITION)?	
Yes	No		
		What is the full name and address of the doctor who first made the diagnosis the diagnosis or the medical facility where the diagnosis was first made? IF AUTHORIZATION NOT COMPLETE PER THIS SECTOR, COMPLETE FORM.	
48. A respiratory condition other than pneumonia? (SPECIFY) _____		1 2 10/	11/
		SKIP TO 0.49	
		No	Yr 12-15/
		Last Name	16/
		First Name	
		OR	
		Facility Name	
		Street Address	
		City	State
49. Any other major condition? (SPECIFY) _____		1 2 17/	18/
		SKIP TO 0.50	
		No	Yr 19-22/
		Last Name	23/
		First Name	
		OR	
		Facility Name	
		Street Address	
		City	State

C		D		E		F		G	
Do you have (CONDITION) now?		Are you currently taking any prescribed medicines for your (CONDITION)?		What are the names of medicines you are taking? Any others?		When did you last consult a doctor for (CONDITION) between (DATE OF LAST INTERVIEW) and now?		What is the full name and address of the doctor or medical facility you last consulted? IF DIFFERENT DOCTOR FROM B, COMPLETE MEDICAL AUTHORIZATION FORM.	
Yes	No	Yes	No						
1	2 24/	1	2 25/	11					
			SKIP TO F			No	Yr	Last Name	59/
				21	26-28/		35-38/	First Name	
								OR	
				31	29-31/			Facility Name	
					32-34/			Street Address	
								City	State
1	2 40/	1	2 41/	11					
			SKIP TO F			No	Yr	Last Name	55/
				21	43-44/		51-54/	First Name	
								OR	
				31	45-47/			Facility Name	
					48-50/			Street Address	
								City	State

A-48

A		B	
Between (DATE OF LAST INTERVIEW) and now, in what month and year did a doctor first tell you that you had (CONDITION)?		What is the full name and address of the doctor who first made the diagnosis or the medical facility where the diagnosis was first made? IF AUTHORIZATION FORM NOT COMPLETED FOR THIS DOCTOR, COMPLETE FORM.	
Yes	No		
1	2 56/	1	2 56/
	SKIP TO Q.51		SKIP TO Q.51
		No	Yr
			58-61/
		Last Name	62/
		First Name	
		OR	
		Facility Name	
		Street Address	
		City	State

C		D		E		F		G	
Do you have (CONDITION) now?		Are you currently taking any prescribed medicines for your (CONDITION)?		What are the names of medicines you are taking? Any others?		When did you last consult a doctor for (CONDITION) between (DATE OF LAST INTERVIEW) and now?		What is the full name and address of the doctor or medical facility you last consulted? IF DIFFERENT ENTER FROM G, COMPLETE AUTHORIZATION FORM.	
Yes	No	Yes	No						
1	2 63/ 1	2 64/ SKIP TO F		1) _____		<input type="checkbox"/> Mo <input type="checkbox"/> Yr		_____ Last Name	
				2) _____		65-66/		_____ First Name	
				3) _____				OR	
				_____				_____ Facility Name	
				_____				_____ Street Address	
								_____ City State	

51. At any time since (DATE OF LAST INTERVIEW) has a doctor told you that you had cancer?

You 1 69/

No... (SKIP TO Q.55).....2

52. Did the doctor tell you that this was a skin cancer or a systemic (body) cancer?

Skin cancer only.....1 70/

Systemic cancer only.....(SKIP TO Q.54).....2

BOTH SKIN AND SYSTEMIC CANCER.....1

SKIN CANCER ONLY

53. Please look at this chart and tell me where each of your skin cancers (is/was) located.

INTERVIEWER: INDICATE THE ANATOMICAL CODE FOR EACH SITE BEING REPORTED.

SITE NUMBER		1	2	3
HAND CARD J	SITE CODE	<u> </u> 71-72/	<u> </u> 73-74/	<u> </u> 75-76/
CODES:	(01) Scalp or Forehead	(14) Arm or Hand, Not Otherwise Specified		
	(02) Eye Lid	(15) Genitals		
	(03) Ear	(16) Leg		
	(04) Nose	(17) Foot		
	(05) Head or Neck, Not Otherwise Specified	(18) Leg or Foot, Not Otherwise Specified		
	(06) Cheek, chin or jaw	(19) Skin, Not Otherwise Specified		
	(07) Neck or Supraclavicular	(20) Upperlip, Not Otherwise Specified		
	(08) Ventrillion	(21) Lowerlip, Not Otherwise Specified		
	(09) Trunk, Front	(22) Lip, Not Otherwise Specified		
	(10) Trunk, Back			
	(11) Trunk, Not Otherwise Specified			
	(12) Arm			
	(13) Head			

INTERVIEWER: FOR EACH SITE REPORTED ASK A THROUGH E

SKIN CANCER ONLY

SITE 1	SITE 2	SITE 3
A.1 In what month and year was cancer of the (SITE) first diagnosed?	A.1 In what month and year was cancer of the (SITE) first diagnosed?	A.1 In what month and year was cancer of the (SITE) first diagnosed?
<div style="display: flex; justify-content: space-between;"> <div> <div style="border-bottom: 1px solid black; width: 20px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 20px; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> No. Yr. </div> </div> <div>77-80/</div> </div>	<div style="display: flex; justify-content: space-between;"> <div> <div style="border-bottom: 1px solid black; width: 20px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 20px; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> No. Yr. </div> </div> <div>15-18/</div> </div>	<div style="display: flex; justify-content: space-between;"> <div> <div style="border-bottom: 1px solid black; width: 20px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 20px; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> No. Yr. </div> </div> <div>24-27/</div> </div>
BEGIN DECK 45		
A.2 When did you last consult a doctor for cancer of (SITE)?	A.2 When did you last consult a doctor for cancer of (SITE)?	A.2 When did you last consult a doctor for cancer of (SITE)?
<div style="display: flex; justify-content: space-between;"> <div> <div style="border-bottom: 1px solid black; width: 20px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 20px; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> No. Yr. </div> </div> <div>10-13/</div> </div>	<div style="display: flex; justify-content: space-between;"> <div> <div style="border-bottom: 1px solid black; width: 20px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 20px; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> No. Yr. </div> </div> <div>19-22/</div> </div>	<div style="display: flex; justify-content: space-between;"> <div> <div style="border-bottom: 1px solid black; width: 20px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 20px; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> No. Yr. </div> </div> <div>28-31</div> </div>
<div style="border: 1px solid black; padding: 2px; text-align: center; font-size: 0.8em;"> HAND CARD P </div>	<div style="border: 1px solid black; padding: 2px; text-align: center; font-size: 0.8em;"> HAND CARD P </div>	<div style="border: 1px solid black; padding: 2px; text-align: center; font-size: 0.8em;"> HAND CARD P </div>
B. What kind of skin cancer was this?	B. What kind of skin cancer was this?	B. What kind of skin cancer was this?
Basal cell carcinoma.....1 14/ Squamous cell carcinoma.....2 Melanoma.....3 Cancer metastatic to the skin.....4 DON'T KNOW.....8	Basal cell carcinoma.....1 23/ Squamous cell carcinoma.....2 Melanoma.....3 Cancer metastatic to the skin.....4 DON'T KNOW.....8	Basal cell carcinoma.....1 32/ Squamous cell carcinoma.....2 Melanoma.....3 Cancer metastatic to the skin.....4 DON'T KNOW.....8

A-50

INTERVIEWER: FOR EACH SITE REPORTED ASK A THROUGH E

SKIN CANCER ONLY

SITE 1	SITE 2	SITE 3
C.1 What is the full name and address of the doctor or the medical facility where the <u>first</u> diagnosis was made? <u>COMPLETE MEDICAL AUTHORIZATION FORM IF NECESSARY.</u>	C.1 What is the full name and address of the doctor or the medical facility where the <u>first</u> diagnosis was made? <u>COMPLETE MEDICAL AUTHORIZATION FORM IF NECESSARY.</u>	C.1 What is the full name and address of the doctor or the medical facility where the <u>first</u> diagnosis was made? <u>COMPLETE MEDICAL AUTHORIZATION FORM IF NECESSARY.</u>
<div style="display: flex; justify-content: space-between;"> <div> <div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Last Name 33/ </div> </div> <div> <div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> First Name 34/ </div> </div> </div> <div style="text-align: center; margin: 5px 0;">OR</div> <div style="display: flex; justify-content: space-between;"> <div> <div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Facility Name </div> </div> <div> <div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Street Address </div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <div style="border-bottom: 1px solid black; width: 40px; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> City STATE </div> </div> <div> <div style="border-bottom: 1px solid black; width: 40px; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> City STATE </div> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> <div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Last Name 34/ </div> </div> <div> <div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> First Name 35/ </div> </div> </div> <div style="text-align: center; margin: 5px 0;">OR</div> <div style="display: flex; justify-content: space-between;"> <div> <div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Facility Name </div> </div> <div> <div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Street Address </div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <div style="border-bottom: 1px solid black; width: 40px; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> City STATE </div> </div> <div> <div style="border-bottom: 1px solid black; width: 40px; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> City STATE </div> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> <div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Last Name </div> </div> <div> <div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> First Name </div> </div> </div> <div style="text-align: center; margin: 5px 0;">OR</div> <div style="display: flex; justify-content: space-between;"> <div> <div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Facility Name </div> </div> <div> <div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Street Address </div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <div style="border-bottom: 1px solid black; width: 40px; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> City STATE </div> </div> <div> <div style="border-bottom: 1px solid black; width: 40px; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> City STATE </div> </div> </div>
C.2 What is the full name and address of the doctor or medical facility you <u>last</u> consulted? <u>COMPLETE AUTHORIZATION FORM IF NECESSARY. IF SAME AS IN C.1, WRITE "SAME AS IN C.1"</u>	C.2 What is the full name and address of the doctor or medical facility you <u>last</u> consulted? <u>COMPLETE AUTHORIZATION FORM IF NECESSARY. IF SAME AS IN C.1, WRITE "SAME AS IN C.1"</u>	C.2 What is the full name and address of the doctor or medical facility you <u>last</u> consulted? <u>COMPLETE AUTHORIZATION FORM IF NECESSARY. IF SAME AS IN C.1, WRITE "SAME AS IN C.1"</u>
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53.

SITE 1

SITE 2

SITE 3

D. What treatments or medicines (do/did) you take for cancer of the (SITE)?
CODE ALL THAT APPLY

Radiation.....1 36/
Chemotherapy.....2 37/
Surgery.....3 38/
Other.(SPECIFY)..4 39/

NONE.....0

E. During what month and year did you first receive (EACH TREATMENT CODED IN D) for cancer of the (SITE)?

RADIATION ☐ NO ☐ YR 40-43/
CHEMOTHERAPY ☐ NO ☐ YR 44-47/
SURGERY ☐ NO ☐ YR 48-51/
OTHER ☐ NO ☐ YR 52-55/

IF SECOND SITE CODED IN Q.53 GO TO SITE 2, PART A

IF Q.52 CODED "3," ASK Q.54

IF Q.52 CODED "1," SKIP TO Q.55

D. What treatments or medicines (do/did) you take for cancer of the (SITE)?
CODE ALL THAT APPLY

Radiation.....1 56/
Chemotherapy.....2 57/
Surgery.....3 58/
Other.(SPECIFY)..4 59/

NONE.....0

E. During what month and year did you first receive (EACH TREATMENT CODED IN D) for cancer of the (SITE)?

RADIATION ☐ NO ☐ YR 60-63/
CHEMOTHERAPY ☐ NO ☐ YR 64-67/
SURGERY ☐ NO ☐ YR 68-71/
OTHER ☐ NO ☐ YR 72-75/

IF THIRD SITE CODED IN Q.53 GO TO SITE 3, PART A

IF Q.52 CODED "3," ASK Q.54

IF Q.52 CODED "1," SKIP TO Q.55

D. What treatments or medicines (do/did) you take for cancer of the (SITE)?
CODE ALL THAT APPLY

Radiation.....1 76/
Chemotherapy.....2 77/
Surgery.....3 78/
Other.(SPECIFY)..4 79/

NONE.....0
BEGIN DECK 46

E. During what month and year did you first receive (EACH TREATMENT CODED IN D) for cancer of the (SITE)?

RADIATION ☐ NO ☐ YR 10-13/
CHEMOTHERAPY ☐ NO ☐ YR 14-17/
SURGERY ☐ NO ☐ YR 18-21/
OTHER ☐ NO ☐ YR 22-25/

IF Q.52 CODED "3," ASK Q.54

IF Q.52 CODED "1," SKIP TO Q.55

SYSTEMIC (BODY) CANCER ONLY

54.

BEGIN DECK 47

BODY PART 1

BODY PART 2

BODY PART 3

A. In what part of your body (is/was) cancer located?
(RECORD VERBATIM)
26-41/

A. In what part of your body (is/was) cancer located?
(RECORD VERBATIM)
51-66/

A. In what part of your body (is/was) cancer located?
(RECORD VERBATIM)
10-25/

B. What kind of cancer was it?
42/

B. What kind of cancer was it?
67/

B. What kind of cancer was it?
26/

C.1 In what month and year was cancer of the (BODY PART) first diagnosed?

☐ Mo. ☐ Yr. 43-46/

C.1 In what month and year was cancer of the (BODY PART) first diagnosed?

☐ Mo. ☐ Yr. 68-71/

C.1 In what month and year was cancer of the (BODY PART) first diagnosed?

☐ Mo. ☐ Yr. 27-30/

C.2 When did you last consult a doctor for cancer of the (BODY PART)?

☐ Mo. ☐ Yr. 47-50/

C.2 When did you last consult a doctor for cancer of the (BODY PART)?

☐ Mo. ☐ Yr. 72-75/

C.2 When did you last consult a doctor for cancer of the (BODY PART)?

☐ Mo. ☐ Yr. 31-34/

35/R

54. (Continued)

BODY PART 1	BODY PART 2	BODY PART 3
D.1 What is the full name and address of the doctor or the medical facility where the diagnosis was made? COMPLETE MEDICAL AUTHORIZATION FORM IF NECESSARY.	D.1 What is the full name and address of the doctor or the medical facility where the diagnosis was made? COMPLETE MEDICAL AUTHORIZATION FORM IF NECESSARY.	D.1 What is the full name and address of the doctor or the medical facility where the diagnosis was made? COMPLETE MEDICAL AUTHORIZATION FORM IF NECESSARY.
Last Name _____	Last Name _____	Last Name _____
First Name _____	First Name _____	First Name _____
OR	OR	OR
Facility Name _____	Facility Name _____	Facility Name _____
Street Address _____	Street Address _____	Street Address _____
City _____ STATE _____	City _____ STATE _____	City _____ STATE _____
D.2 What is the full name and address of the doctor or the medical facility you last consulted? COMPLETE MEDICAL AUTHORIZATION FORM IF NECESSARY. IF SAME AS IN D.1, WRITE "SAME AS IN D.1"	D.2 What is the full name and address of the doctor or the medical facility you last consulted? COMPLETE MEDICAL AUTHORIZATION FORM IF NECESSARY. IF SAME AS IN D.1, WRITE "SAME AS IN D.1"	D.2 What is the full name and address of the doctor or the medical facility you last consulted? COMPLETE MEDICAL AUTHORIZATION FORM IF NECESSARY. IF SAME AS IN D.1, WRITE "SAME AS IN D.1"
Last Name _____	Last Name _____	Last Name _____
First Name _____	First Name _____	First Name _____
OR	OR	OR
Facility Name _____	Facility Name _____	Facility Name _____
Street Address _____	Street Address _____	Street Address _____
City _____ STATE _____	City _____ STATE _____	City _____ STATE _____

54. (Continued)

BODY PART 1	BODY PART 2	BODY PART 3
E. What treatments or medicines (do/did) you take for cancer of the (BODY PART)? CODE ALL THAT APPLY	E. What treatments or medicines (do/did) you take for cancer of the (BODY PART)? CODE ALL THAT APPLY	E. What treatments or medicines (do/did) you take for cancer of the (BODY PART)? CODE ALL THAT APPLY
Radiation.....1 36/	Radiation.....1 41/	Radiation.....1 46
Chemotherapy.....2 37/	Chemotherapy.....2 42/	Chemotherapy.....2 47
Surgery.....3 38/	Surgery.....3 43/	Surgery.....3 48
Other.....4 39/	Other.....4 44/	Other.....4 49
NONE.....0 40/R	NONE.....0 45/R	NONE.....0
F. During what month and year did you first receive (EACH TREATMENT CODED IN E) for cancer of the (BODY PART)?	F. During what month and year did you first receive (EACH TREATMENT CODED IN E) for cancer of the (BODY PART)?	F. During what month and year did you first receive (EACH TREATMENT CODED IN E) for cancer of the (BODY PART)?
RADIATION _____ MO _____ YR _____ 50-53/	RADIATION _____ MO _____ YR _____ 67-70/	RADIATION _____ MO _____ YR _____ 15-18/
CHEMOTHERAPY _____ MO _____ YR _____ 54-57/	CHEMOTHERAPY _____ MO _____ YR _____ 71-74/	CHEMOTHERAPY _____ MO _____ YR _____ 19-22/
SURGERY _____ MO _____ YR _____ 58-61/	SURGERY _____ MO _____ YR _____ 75-78/	SURGERY _____ MO _____ YR _____ 23-26/
OTHER _____ MO _____ YR _____ 62-65/	OTHER _____ MO _____ YR _____ 10-13/	OTHER _____ MO _____ YR _____ 27-30/
G. IS THERE ANOTHER BODY PART AFFECTED?	G. IS THERE ANOTHER BODY PART AFFECTED?	G. IS THERE ANOTHER BODY PART AFFECTED?
Yes..(GO TO 54A-Body Part 2)....1	Yes..(GO TO 54A-Body Part 3)....1	Yes..(GO TO NEW QUEX)....1
No..(SKIP TO Q.55).....2 66/	No..(SKIP TO Q.55).....2 14/	No..(SKIP TO Q.55).....2 31/

55. At any time since (DATE OF LAST INTERVIEW) has a doctor told you that you had leukemia?

Yes.....(ASK A-F).....1 32/

No.....(GO TO Q.56).....2

A. Thinking about the period between (DATE OF LAST INTERVIEW) and now, in what month and year was your leukemia diagnosed?

33-36/
Mo. Yr.

B. What is the name and address of the doctor or the medical facility where the diagnosis was made? COMPLETE MEDICAL AUTHORIZATION FORM IF NECESSARY.

Last Name 37/

First Name

OR

Facility Name

Street Address

City State

C. What treatments or medicines have you taken for leukemia since (DATE OF LAST INTERVIEW)?

1) _____ 38-40/

2) _____ 41-43/

3) _____ 44-46/

D. For the period between (DATE OF LAST INTERVIEW) and now, during what month and year did you first receive (EACH TREATMENT OR MEDICINE IN C)?

	Mo.	Yr.	
TREATMENT 1	<input type="text"/>	<input type="text"/>	47-50/
TREATMENT 2	<input type="text"/>	<input type="text"/>	51-54/
TREATMENT 3	<input type="text"/>	<input type="text"/>	55-58/

55. (Continued)

E. What is the name and address of the doctor or medical facility you last consulted about your leukemia? COMPLETE MEDICAL AUTHORIZATION FORM IF NECESSARY.

Last Name 59/

First Name

OR

Facility Name

Street Address

City State

F. During what month and year did you last consult (NAME IN E)?

60-63/
Mo. Yr.

INTERVIEWER: FOR EACH YES, ASK A THROUGH B:

A.

HAND
CARD
J

ASK C-G FOR EACH
"YES" AT B.

B.

C.

D.

56. Since (DATE OF LAST
INTERVIEW) have you
had . . .

On what part of your
body did you have
(CONDITION)? Any
other part?

Did you discuss
(CONDITION)
with a doctor
since (DATE OF
LAST INTERVIEW)?

What was the
diagnosis?

What is the doctor's
name and address?
COMPLETE MEDICAL
AUTHORIZATION FORM
IF NECESSARY.

Yes No

Yes No

PLEASE GO ON TO NEXT PAGE

1. Patches of
your skin
change
color

1 2 64/
SKIP TO
Q.56,2.

Site Code 65-66/
Site Code 67-68/
Site Code 69-70/

1 2 71/
SKIP TO
Q.56,2

Last Name

First Name

Facility Address

City State

BEGIN DECK 49

2. Easier bruising
of the skin
than usual?

1 2 74/
SKIP TO
Q.56,3

Site Code 75-76/
Site Code 77-78/
Site Code 79-80/

1 2 10/
SKIP TO
Q.56,3

Last Name

First Name

Facility Address

City State

CODES FOR Q.56

GO TO Q.56 CONTINUED --

- | | |
|--|---|
| (01) Scalp or Forehead | (14) Arm or Hand, Not Otherwise Specified |
| (02) Eye Lid | (15) Genitals |
| (03) Ear | (16) Leg |
| (04) Nose | (17) Foot |
| (05) Head or Neck, Not Otherwise Specified | (18) Leg or Foot, Not Otherwise Specified |
| (06) Cheek, chin or jaw | (19) Skin, Not Otherwise Specified |
| (07) Neck or Suprastavicular | (20) Uppelip, Not Otherwise Specified |
| (08) Ventrion | (21) Lowerlip, Not Otherwise Specified |
| (09) Trunk, Front | (22) Lip, Not Otherwise Specified |
| (10) Trunk, Back | |
| (11) Trunk, Not Otherwise Specified | |
| (12) Arm | |
| (13) Hand | |

56. (Continued)

E. During what month and year was that?

F. What is the name and address of the doctor or medical facility you last consulted about (CONDITION)? IF DIFFERENT DOCTOR IN B, COMPLETE AUTHORIZATION FORM.

G. During what month and year did you last consult? (NAME FROM F)?

Mo. Yr. 13-16/

Last Name

First Name

OR

Mo. Yr. 17-21/

Facility Name

Street Address

City State

GO TO Q.56, 2, P. 105

Mo. Yr. 22-25/

Last Name

First Name

OR

Mo. Yr. 26-30/

Facility Name

Street Address

City State

A. HAND CARD J

B. Did you discuss (CONDITION) with a doctor since (DATE OF LAST INTERVIEW)?

C. What was the diagnosis?

D. What is the doctor's name and address? COMPLETE AUTHORIZATION FORM IF NECESSARY.

36. Since (DATE OF LAST INTERVIEW) have you had . . .

On what part of your body did you have (CONDITION)? What other part?

Yes No

Yes No

3. Skin that was extra sensitive or seemed to hurt for no reason?

1 2 31/ SKIP TO 0.56, 4.

Site Code 32-33/

Site Code 34-35/

Site Code 36-37/

Last Name

First Name

Facility Address

City State

CODES FOR Q.57

GO TO Q.56 CONTINUED --

CODES: (01) Scalp or Forehead (14) Arm or Hand, Not Otherwise Specified

(02) Eye Lid (15) Genitals

(03) Ear (16) Leg

(04) Nose (17) Foot

(05) Head or Neck, Not Otherwise Specified (18) Leg or Foot, Not Otherwise Specified

(06) Cheek, chin or jaw (19) Skin, Not Otherwise Specified

(07) Neck or Suprasternal (20) Upperlip, Not Otherwise Specified

(08) Ventricle (21) Lowerlip, Not Otherwise Specified

(09) Trunk, Front (22) Lip, Not Otherwise Specified

(10) Trunk, Back

(11) Trunk, Not Otherwise Specified

(12) Arm

(13) Hand

56. (Continued)

E.	F.	G.
During what month and year was that?	What is the name and address of the doctor or medical facility you last consulted about (CONDITION)? IF DIFFERENT DOCTOR IN B, COMPLETE AUTHORIZATION FORM.	During what month and year did you last consult (NAME FROM F)?

____/____/____ 41-44/ Mo. Yr.	____/____/____ 45/ Mo. Yr.	____/____/____ 46-49/ Mo. Yr.
Last Name _____		
First Name _____ OR _____		
Facility Name _____		
Street Address _____		
City _____ State _____		

A-56

ASK A THROUGH J FOR EACH YES

56. (Continued)

Aside from injury, since (DATE OF LAST INTERVIEW) have you had . . .

Yes No

A.	B.	C.
Thinking about the period between (DATE OF LAST INTERVIEW) and now, when did you first notice (CONDITION)?	Which limbs or muscles were affected?	Do you still have (CONDITION)?
		Yes No

4. Persistent numbness of any of your limbs?

1 2 50/
SKIP TO
Q.56, 5.

____/____/____
 No. Yr. 51-54/

 55-58/

1 2 57/

5. Persistent tingling sensations in any of your limbs?

1 2 50/
SKIP TO
Q.57, I.
P.112.

____/____/____
 No. Yr. 59-62/

 63-64/

1 2 65/

56. (Continued)

D	E	F	G
Between (DATE OF LAST INTERVIEW) and now, during what month(s) and year(s) was the (CONDITION) most intense?	Did you see a doctor for (CONDITION) since (DATE OF LAST INTERVIEW)? Yes No	What was the diagnosis?	What is the name and address of the doctor who first made the diagnosis or the medical facility where the diagnosis was first made? COMPLETE MEDICAL AUTHORIZATION FORM IF NECESSARY.
<u> </u> <u> </u> <u> </u> 66-69/ No. Yr.	1 2 74/	<u> </u>	Last Name <u> </u> 76/
TO <u> </u> <u> </u> <u> </u> 70-73/ No. Yr.	SKIP TO 0.56, 3, P. 109.	<u> </u> 75/	First Name <u> </u> OR <u> </u>
		Facility Name <u> </u>	
		Street Address <u> </u>	
		City <u> </u> <u> </u> <u> </u> State <u> </u> <u> </u> <u> </u>	
<u> </u> <u> </u> <u> </u> 77-80/ No. Yr.	1 2 14/	<u> </u>	Last Name <u> </u> 16/
TO BOOTH DECK 50	SKIP TO 0.57, 1, P. 112.	<u> </u> 15/	First Name <u> </u> OR <u> </u>
<u> </u> <u> </u> <u> </u> 10-13 No. Yr.		Facility Name <u> </u>	
		Street Address <u> </u>	
		City <u> </u> <u> </u> <u> </u> State <u> </u> <u> </u> <u> </u>	

A-57

56. (Continued)

H	I	J
During what month and year was that?	What is the name and address of the doctor or medical facility you last consulted about (CONDITION)? IF DIFFERENT DOCTOR IN G, COMPLETE MEDICAL AUTHORIZATION FORM.	During what month and year did you last consult (NAME FROM I)?
<u> </u> <u> </u> <u> </u> 17-20 No. Yr.	Last Name <u> </u>	21/ <u> </u> <u> </u> <u> </u> 22-25/ No. Yr.
	First Name <u> </u> OR <u> </u>	GO TO 0.56, 3, P. 109.
	Facility Name <u> </u>	
	Street Address <u> </u>	
	City <u> </u> <u> </u> <u> </u> State <u> </u> <u> </u> <u> </u>	
<u> </u> <u> </u> <u> </u> 26-29/ No. Yr.	Last Name <u> </u>	30/ <u> </u> <u> </u> <u> </u> 31-34/ No. Yr.
	First Name <u> </u> OR <u> </u>	
	Facility Name <u> </u>	
	Street Address <u> </u>	
	City <u> </u> <u> </u> <u> </u> State <u> </u> <u> </u> <u> </u>	

C.

Do you still
have (CONDITION)?

Yes No

1 2 42/

40-41/

1 2 304

44-494

A-58

ASK A THROUGH J FOR EACH YES

	A.	B.	C.
58. Aside from injury, since (DATE OF LAST INTERVIEW) have you had . . .	Thinking about the period between (DATE OF LAST INTERVIEW) and now, when did you first notice (CONDITION)?	Which limbs or muscles were affected?	Do you still have (CONDITION)?
	Yes No		Yes No

1. A reduction in grip strength	1	2	25/	20-25/	1	2	30/
			No	Yes			
			SKIP TO 0.99, P. 116.				

PLEASE GO ON TO NEXT PAGE

50. (Continued)

9

3

F

6

Between (DATE OF LAST INTERVIEW) and now, during what months and year(s) was the (CONDITION) most intense?

Did you see a doctor for (CONDITION) since (DATE OF LAST INTERVIEW)?

Yes No

What was the diagnosis?

What is the name and address of the doctor who first made the diagnosis or the medical facility where the diagnosis was first made? COMPLETE MEDICAL AUTHORIZATION FORM IF NECESSARY.

$\begin{array}{|c|c|} \hline \text{ } & \text{ } \\ \hline \end{array}$
 $\begin{array}{|c|c|} \hline \text{ } & \text{ } \\ \hline \end{array}$
 31-34/

1 2 3W

FO

SKIP

TO

Q. 99,
P. 112,

U. U. 99-387
No. 17.

Let's Move

41/

First Name

OR

Facility Name

Street Address

City State

59. (Continued)

 H_2

1.

1.

During what month and year was that?

what is the name and address of the doctor or medical facility you last consulted about (CONDITION)?
IF DIFFERENT DOCTOR IN 6, COMPLETE MEDICAL AUTHORIZATION FORM.

During what month and year did you last consult (NAME FROM 1)?

Last Name

46

First Name

ON

Facility Name

Street Address

City _____ State _____

LLI LLI 42-49/
Mo. Tr.

LLI LLI 47-90/
Mg₂ Yr₂

59. (Besides the prescribed medicines you told me about) are you currently taking any (other) prescribed medicines?

Yes.....(ASK A).....1 51/

No...(SKIP TO SECTION 6)....2

A. Please list the name of each medication and the condition for which it was prescribed.

MEDICATION	CONDITION	
1) _____	1) _____	52/
2) _____	2) _____	
3) _____	3) _____	

A-62

SECTION 8: HEALTH HABITS

INTERVIEWER: WAS R INTERVIEWED IN 1985 OR 1986?

YES..(SKIP TO Q.63, P. 139)..1

NO.....2

The next set of questions refers to smoking habits.

1. Have you ever smoked at least as many as 5 packs of cigarettes, that is, 100 cigarettes, during your entire life?

Yes.....1 53/

No.....(SKIP TO Q.22).....2

2. Do you now smoke cigarettes?

Yes.....1 54/

No.....(SKIP TO Q.11).....2

CURRENT CIGARETTE SMOKER SECTION

3. On average, how many cigarettes do you smoke a day?

INTERVIEWER: IF R ANSWERS BY GIVING NUMBER OF PACKS OF CIGARETTES, RECORD VERSATIM. THEN MULTIPLY THE NUMBER OF PACKS BY 20 AND ENTER THE NUMBER OF CIGARETTES SMOOKED.

ENTER NUMBER OF CIGARETTES PER DAY: 55-56/

(IF NOT EVERY DAY:) # PER MONTH 57-58/

OR

(IF NOT EVERY DAY:) # PER YEAR 59-60/

4. For how many years have you been smoking (NUMBER IN Q.3) (cigarettes per day/per month/per year)?

Less than 2 years.....01 61-62/
 2-5 years.....02
 6-10 years.....03
 11-15 years.....04
 16-20 years.....05
 21-25 years.....06
 26-30 years.....07
 31-35 years.....08
 36-40 years.....09
 More than 40 years.....10

HAND
CARD
R

5. What brand of cigarettes do you usually smoke? (IF MORE THAN ONE BRAND OR NO REGULAR BRAND MENTIONED ASK: Which one do you smoke the most?)

ENTER BRAND _____

OFFICE USE

No regular brand....(SKIP TO Q.8).....996

63-65/

6. For how long now have you been smoking this particular brand?

ENTER DAYS: 66-67/
 OR WEEKS: 68-69/
 OR MONTHS: 70-71/
 OR YEARS: 72-73/

7. What type of cigarettes are they? Are they . . . (READ EACH PAIR TOGETHER)

CODE ONE NUMBER

A. Filter tip or.....1 74/
 Non-filter tip?.....2

CODE ONE NUMBER

B. Regular size.....1 75/
 King size or.....2
 100 Millimeter?.....3

8. Now I am going to show you a diagram of different size cigarettes. Please look at the picture of the (KIND OF CIGARETTE IN Q.7A AND Q.7B). Now, considering your style of smoking--for example, how long you usually leave the cigarette in an ashtray or just hold it in your hand--tell me the number which indicates how much of the cigarette you actually smoke.

Section 1.....1 76/

Section 2.....2

Section 3.....3

Section 4.....4

HAND
CARD
S

9. During the period when you were smoking the most heavily on a regular basis, about how many cigarettes did you usually smoke in a day?

ENTER NUMBER: PER DAY 77-78/

(IF NOT EVERY DAY:) # PER MONTH 79-80/

OR BEGIN DECK 52

(IF NOT EVERY DAY:) # PER YEAR 10-11/

- A. When was that?

FROM

Mo Yr

12-15/

TO

Mo Yr

16-19/

10. When you smoke cigarettes, how deeply do you usually inhale? Would you say:

- As deeply into the chest as possible.....1 20/
 Only partly into the chest.....2
 As far back as the throat.....3
 Well back into the mouth, or.....4
 Just puff and don't really draw it in at all.....5
 DON'T KNOW.....8

HAND
CARD
T

SKIP TO Q.22

FORMER CIGARETTE SMOKER SECTION

11. How long has it been since you smoked cigarettes fairly regularly (RECORD NUMBER)

- ENTER DAYS: 21-22/
 OR WEEKS: 23-24/
 OR MONTHS: 25-26/
 OR YEARS: 27-28/
 NEVER SMOKED REGULARLY.....(SKIP TO Q.22).....1 29/

12. On the average, about how many cigarettes a day were you smoking at that time?

INTERVIEWER: IF R ANSWERS BY GIVING NUMBER OF PACKS OF CIGARETTES, RECORD VERBATIM. THEN MULTIPLY THE NUMBER OF PACKS BY 20 AND ENTER THE NUMBER OF CIGARETTES SMOKED.

- ENTER NUMBER OF CIGARETTES PER DAY: 30-31/
 (IF NOT EVERY DAY:) # PER MONTH 32-33/
 OR
 (IF NOT EVERY DAY:) # PER YEAR 34-35/

13. How long had you been smoking (NUMBER IN Q.12) (cigarettes per day/per week/per month)?

- Less than 2 years.....01 36-37/
 2-5 years.....02
 6-10 years.....03
 11-15 years.....04
 16-20 years.....05
 21-25 years.....06
 26-30 years.....07
 31-35 years.....08
 36-40 years.....09
 More than 40 years.....10

HAND
CARD
R

14. You mentioned that you have not smoked regularly for (TIME IN Q.11). Did you ever stay off cigarettes for a longer period of time?

- Yes.....1 38/
 No.....(SKIP TO Q.16).....2

15. How long did you stay off cigarettes at that time?

- ENTER DAYS: 39-40/
 OR WEEKS: 41-42/
 OR MONTHS: 43-44/
 OR YEARS: 45-46/

16. What brand of cigarettes did you usually smoke just before you stopped smoking cigarettes regularly? (IF MORE THAN ONE BRAND OR NO REGULAR BRAND MENTIONED, ASK: Which one did you smoke the most?)

- ENTER BRAND _____ OFFICE USE
 No regular brand.....(SKIP TO Q.19).....996 47-49/

17. For how long did you smoke this particular brand?

ENTER DAYS: 50-51/
 OR WEEKS: 52-53/
 OR MONTHS: 54-55/
 OR YEARS: 56-57/

18. What type of cigarettes were they?

CODE ONE
 A. Filter tip or.....1 58/
 Non-filter tip?.....2
 CODE ONE
 B. Regular size.....1 59/
 King size or.....2
 100 Millimeter?.....3

19. Now I am going to show you a diagram of different size cigarettes. Please look at the picture of the (KIND OF CIGARETTE IN Q.18A AND Q.18B). Now, considering your style of smoking—for example, how long you usually leave the cigarette in an ashtray or just held it in your hand—tell me the number which indicates how much of the cigarette you actually smoked.

Section 1.....1 60/
 Section 2.....2
 Section 3.....3
 Section 4.....4

HAND
CARD
S

20. During the period when you were smoking the most heavily on a regular basis, about how many cigarettes did you usually smoke in a day?

ENTER NUMBER: PER DAY 61-62/
 (IF NOT EVERY DAY:) # PER MONTH 63-64/
 OR
 (IF NOT EVERY DAY:) # PER YEAR 65-66/

A. When was that?

FROM
 67-70/
 Mo Yr
 TO
 71-74/
 Mo Yr

21. When you smoked cigarettes, how deeply did you usually inhale? Would you say:

As deeply into the chest as possible.....1 75/
 Only partly into the chest.....2
 As far back as the throat3
 Well back into the mouth, or.....4
 Just puff and don't really draw it in at all.....5
 DON'T KNOW.....6

HAND
CARD
T

CURRENT PIPE SMOKER SECTION

22. During your entire life, have you smoked at least as many as 50 pipefuls of tobacco?

Yes.....1 76/
 No.....(SKIP TO Q.35).....2

23. Do you now smoke a pipe?

Yes.....1 77/
No.....(SKIP TO Q.28).....2

24. About how many average sized pipefuls of tobacco do you usually smoke in a day?

ENTER NUMBER OF PIPEFULS OF TOBACCO PER DAY: 78-79/
(IF NOT EVERY DAY:) # PER MONTH BEGIN DECK 53 10-11/

OR

(IF NOT EVERY DAY:) # PER YEAR 12-13/

25. For how many years have you been smoking (NUMBER IN Q.24) (pipefuls per day/per month/per year)?

Less than 2 years.....01 14-15/
2-5 years.....02
6-10 years.....03
11-15 years.....04
16-20 years.....05
21-25 years.....06
26-30 years.....07
31-35 years.....08
36-40 years.....09
More than 40 years.....10

26. During the period when you were smoking the most heavily, about how many pipefuls of tobacco did you usually smoke in a day?

ENTER NUMBER: PER DAY 16-17/
(IF NOT EVERY DAY:) # PER MONTH 18-19/
OR
(IF NOT EVERY DAY:) # PER YEAR 20-21/

HAND
CARD
R

A-66

26. (Continued)

A. When was that?

FROM
 22-25/
Mo Yr
TO
 26-29/
Mo Yr

27. When you smoke a pipe, how deeply do you usually inhale? Would you say:

As deeply into the chest as possible.....1 30/
Only partly into the chest.....2
As far back as the throat.....3
Well back into the mouth, or.....4
Just puff and don't really draw it in at all....5
DON'T KNOW.....8

(SKIP TO Q.35)

HAND
CARD
T

FORMER PIPE SMOKER SECTION

28. How long has it been since you smoked a pipe fairly regularly? (RECORD NUMBER)

ENTER DAYS: 31-32/
OR WEEKS: 33-34/
OR MONTHS: 35-36/
OR YEARS: 37-38/
NEVER SMOKED REGULARLY..(SKIP TO Q.35)..1 39/

29. On the average, about how many pipefuls of tobacco a day were you smoking at that time?

ENTER NUMBER OF PIPEFULS OF TOBACCO PER DAY: 40-41/
(IF NOT EVERY DAY:) # PER MONTH 42-43/
OR
(IF NOT EVERY DAY:) # PER YEAR 44-45/

30. For how long did you smoke (NUMBER IN Q.29) (pipefuls of tobacco per day/per week/per month)?

Less than 2 years.....01 46-47/
 2-5 years.....02
 6-10 years.....03
 11-15 years.....04
 16-20 years.....05
 21-25 years.....06
 26-30 years.....07
 31-35 years.....08
 36-40 years.....09
 40 or more years.....10

HAND
CARD
R

31. You mentioned that you have not smoked regularly for (TIME IN Q.30). Did you ever not smoke a pipe for a longer period of time?

Yes.....1 48/
 No.....(SKIP TO Q.33).....2

32. How long did you not smoke a pipe at that time?

ENTER DAYS: 49-50/
 OR WEEKS: 51-52/
 OR MONTHS: 53-54/
 OR YEARS: 55-56/

33. During the period when you were smoking the most heavily on a regular basis, about how many pipefuls of tobacco did you usually smoke in a day?

ENTER NUMBER: PER DAY 57-58/
 (IF NOT EVERY DAY:) # PER MONTH 59-60/
 OR
 (IF NOT EVERY DAY:) # PER YEAR 61-62/

A. When was that?

FROM
 63-66/
 Mo Yr
 TO
 67-70/
 Mo Yr

34. When you smoked a pipe, how deeply did you usually inhale? Would you say:

As deeply into the chest as possible.....1 71/
 Only partly into the chest.....2
 As far back as the throat.....3
 Well back into the mouth, or.....4
 Just puff and don't really draw it in at all....5
 DON'T KNOW.....8

HAND
CARD
T

CURRENT CIGAR SMOKER SECTION

35. During your entire life have you smoked at least as many as 50 cigars?

Yes.....1 72/
 No.....(SKIP TO Q.51).....2

36. Do you now smoke cigars?

Yes.....1 73/
 No.....(SKIP TO Q.42).....2

37. On average, about how many cigars a day do you now smoke?

ENTER NUMBER OF CIGARS PER DAY: 74-75/
 (IF NOT EVERY DAY:) # PER MONTH 76-77/
 OR
 (IF NOT EVERY DAY:) # PER YEAR 78-79/

-130-

BEGIN DECK 54

38. For how many years have you been smoking (# in Q.37) cigars per day/per month/per year)?

HAND
CARD
R

Less than 2 years.....01 10-11/
 2-5 years.....02
 6-10 years.....03
 11-15 years.....04
 16-20 years.....05
 21-25 years.....06
 26-30 years.....07
 31-35 years.....08
 36-40 years.....09
 More than 40 years.....10

39. During the period when you were smoking the most heavily on a regular basis, about how many cigars did you usually smoke in a day.

ENTER NUMBER: PER DAY 12-13/
 (IF NOT EVERY DAY:) # PER MONTH 14-15/
 OR
 (IF NOT EVERY DAY:) # PER YEAR 16-17/

- A. When was that?

FROM
 18-21/
 Mo Tr
 TO
 22-25/
 Mo Tr

-131-

DECK 54

40. When you smoke cigars, how deeply do you usually inhale? Would you say:

HAND
CARD
T

As deeply into the chest as possible.....1 26/
 Only partly into the chest.....2
 As far back as the throat.....3
 Well back into the mouth, or.....4
 Just puff and don't really draw it in at all....5
 DON'T KNOW.....8

41. What type of cigars do you usually smoke?

CODE ONE
 Filter tip or.....1 27/
 Non-filter tip?.....2

- A. Now I am going to show you a diagram of different size cigars. Please look at the picture of the (KIND OF CIGAR IN Q.41). Now considering your style of smoking--for example, how long you usually leave the cigar in an ashtray or just hold it in your hand--tell me the number which indicates how much of the cigar you actually smoke.

Section 1.....1 28/
 Section 2.....2
 Section 3.....3
 Section 4.....4

HAND
CARD
U

SKIP TO Q.51

FORMER CIGAR SMOKER SECTION

42. How long has it been since you smoked cigars fairly regularly?

ENTER DAYS: 29-30/
 OR WEEKS: 31-32/
 OR MONTHS 33-34/
 OR YEARS 35-36/
 NEVER SMOKED REGULARLY.....(SKIP TO Q.51)....1 37/

43. On the average, about how many cigars a day were you smoking at that time?

ENTER NUMBER OF CIGARS PER DAY: 38-39/

(IF NOT EVERY DAY:) # PER MONTH 40-41/

OR

(IF NOT EVERY DAY:) # PER YEAR 42-43/

44. For how long did you smoke (NUMBER PER DAY IN Q.43) cigars per day?

Less than 2 years.....01 44-45/

2-5 years.....02

6-10 years.....03

11-15 years.....04

16-20 years.....05

21-25 years.....06

26-30 years.....07

31-35 years.....08

36-40 years.....09

More than 40 years.....10

HAND
CARD
R

45. You mentioned that you have not smoked regularly for (TIME IN Q.42). Did you ever stay off cigars for a longer period of time?

Yes.....1 46/

No.....(SKIP TO Q.47).....2

46. How long did you stay off cigars at that time?

ENTER DAYS: 47-48/

OR WEEKS: 49-50/

OR MONTHS: 51-52/

OR YEARS: 53-54/

47. What type of cigars did you usually smoke just before you stopped smoking cigars regularly?

CODE ONE

Filter tip or.....1 55/

Non-filter tip?.....2

48. Now I am going to show you a diagram of different size cigars. Please look at the picture of the (KIND OF CIGAR IN Q.47). Now, considering your style of smoking—for example, how long you usually leave the cigar in an ashtray or just hold it in your hand—tell me the number which indicates how much of the cigar you actually smoke.

Section 1.....1 56/

Section 2.....2

Section 3.....3

Section 4.....4

HAND
CARD
U

49. During the period when you were smoking the most on a regular basis, about how many cigars did you usually smoke in a day?

ENTER NUMBER: PER DAY 57-58/

(IF NOT EVERY DAY:) # PER MONTH 59-60/

OR

(IF NOT EVERY DAY:) # PER YEAR 61-62/

- A. When was that?

FROM

Mo Yr

63-66/

TO

Mo Yr

67-70/

50. When you smoked a cigar, how deeply did you usually inhale? Would you say:

<u>HAND CARD T</u>	As deeply into the chest as possible.....1	71/
	Only partly into the chest.....2	
	As far back as the throat.....3	
	Well back into the mouth, or.....4	
	Just puff and don't really draw it in at all....5	
	DON'T KNOW.....8	

51. INTERVIEWER: IS THE R CURRENTLY LIVING WITH A SPOUSE OR PARTNER? (IS ANY "NO" CODED IN SECTION 5: Qs 2, P.25; Q.6C, P.31; or Q.8c, P.34?).

YES.....1 72/
NO.....(SKIP TO Q.53).....2

52. Does your (spouse/partner) smoke regularly any of the following?

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	
Cigarettes	1	2	8	73/
Cigars	1	2	8	74/
Pipe	1	2	8	75/

53. Approximately how much smoke is there in the air in your home?

A lot.....1 76/
A little.....2
None.....(SKIP TO Q.56).....3

54. Approximately how many hours a week are you exposed to this smoke in your home?

<u>HAND CARD V</u>	10 hours or less.....1	77/
	11 to 15 hours.....2	
	16 to 20 hours.....3	
	21 to 25 hours.....4	
	26 or more hours.....5	

55. For how many years have you been exposed to smoke in this way? (CHECK ONLY ONE)

Less than 1 year.....01 78-79/
1 to 4 years.....02
5 to 10 years.....03
11 to 15 years.....04
16 to 20 years.....05
21 to 30 years.....06
More than 30 years.....07
Don't Know.....98

BEGIN DECK 55

56. INTERVIEWER: DOES R WORK? (IS "YES" CODED AT SEC 2, Q.4, P.5 OR "CURRENT JOB" CODED AT SEC 3, Q.17 P.8?)

Yes.....1 10/
No.....(SKIP TO Q.62).....2

A. Approximately how much smoke is there in the air in the transportation you take to and from work (For example, your car, the train, the bus, etc.)?

A lot.....1 11/
A little.....2
None.....(SKIP TO Q.59).....3

57. Approximately how many hours a week are you exposed to this smoke?

HAND
CARD
V

10 hours or less.....1 12/
11 to 15 hours.....2
16 to 20 hours.....3
21 to 25 hours.....4
26 or more hours.....5

58. For how many years have you been exposed to this smoke?

HAND
CARD
W

Less than 1 year.....01 13-14/
1 to 4 years.....02
5 to 10 years.....03
11 to 15 years.....04
16 to 20 years.....05
21 to 30 years.....06
More than 30 years.....07
Don't Know.....98

59. Approximately how much smoke is there in the air where you work?

A lot.....1 15/
A little.....2
None.....(SKIP TO Q.62)....3

60. Approximately how many hours a week are you exposed to this smoke?

HAND
CARD
V

10 hours or less.....1 16/
11 to 15 hours.....2
16 to 20 hours.....3
21 to 25 hours.....4
26 or more hours.....5

61. For how many years have you been exposed to this smoke at work?

HAND
CARD
W

Less than 1 year.....01 17-18/
1 to 4 years.....02
5 to 10 years.....03
11 to 15 years.....04
16 to 20 years.....05
21 to 30 years.....06
More than 30 years.....07

62. There are some questions that are asked in survey research that are difficult to ask directly because many people think they are too personal. While it is understandable that people feel this way, there is a real need for the information for the population as a whole. We now have a way that makes it possible for people to give information, without telling anyone about their own situation. Let me show you how this works; we will use the next question I have here as an example. HAND R CARD X. As you see, there are two questions on the card. One deals with the "real" question that the research is concerned with, the other is completely unrelated. Both questions can be answered "yes" or "no." One of the two questions is selected by chance and you answer it. (I'll show you how that works in a minute). I do not know which question you are answering. When all the questionnaires have been tallied, the researchers can tell how many people have smoked marijuana, but they have no way of knowing whether it was you or any other person in particular who has smoked marijuana.

HAND R COIN

It is very simple, as you will see. You will flip the coin. The question you will answer is selected by chance. In no way can a truthful answer prove harmful to you. There is no identifying information that can link you to your answers.

Please take the coin that you have been handed and flip it now. Don't tell me which side came up. If the coin shows heads, please answer only question 1. If the coin shows tails, please answer only question 2. I won't look to see if the coin comes up heads or tails; and you don't tell me which question you are answering. Just tell me if your answer is "yes" or "no."

Yes.....1 19/
No.....2
Don't Know.....8

62. (Continued)

A. Now let's do that again, using the next question. HAND R CARD Y. Flip the coin again. If the coin turns up heads, please answer only question number 1. If the coin comes up tails, please answer only question number 2. Don't tell me the question. Is your answer "yes" or "no"?

HAND
CARD
Y

Yes.....1 20/
No.....2
Don't Know.....8

SKIP TO Q.64, P.153

SMOKING INTERVAL QUESTIONS

63. The next set of questions refers to smoking habits.

63-1. Have you ever smoked at least as many as 5 packs of cigarettes, that is, 100 cigarettes, during your entire life?

Yes.....1 53/

No..(SKIP TO Q.63-14, P.143)..2

63-2. Do you now smoke cigarettes?

Yes.....1 54/

No....(SKIP TO Q.63-8).....2

CURRENT CIGARETTE SMOKER SECTION

63-3. On average, how many cigarettes do you smoke a day?

INTERVIEWER: IF R ANSWERS BY GIVING NUMBER OF PACKS OF CIGARETTES, RECORD VERBATIM. THEN MULTIPLY THE NUMBER OF PACKS BY 20 AND ENTER THE NUMBER OF CIGARETTES SMOKED.

ENTER NUMBER OF CIGARETTES PER DAY: 55-56/

(IF NOT EVERY DAY:) # PER MONTH 57-58/

OR

(IF NOT EVERY DAY:) # PER YEAR 59-60/

63-4. For how many years have you been smoking (NUMBER IN Q.63-3) (cigarettes per day/per month/per year)?

Less than 2 years.....01 61-62/

2-5 years.....02

6-10 years.....02

11-15 years.....03

16-20 years.....04

21-25 years.....05

26-30 years.....06

31-35 years.....08

36-40 years.....09

More than 40 years.....10 63-73/R

HAND
CARD
R

63-5. What type of cigarettes are they? Are they . . . (READ EACH PAIR TOGETHER)

		CODE ONE NUMBER	
A. Filter tip or.....	1		74/
Non-filter tip?.....	2		
		CODE ONE NUMBER	
B. Regular size.....	1		75/
King size or.....	2		
100 Millimeter?.....	3		76/R

63-6. During the period when you were smoking the most heavily on a regular basis, about how many cigarettes did you usually smoke in a day?

ENTER NUMBER:	<input type="text"/>	PER DAY	77-78/
(IF NOT EVERY DAY:) #	<input type="text"/>	PER MONTH	79-80/
		OR	BEGIN DECK 52
(IF NOT EVERY DAY:) #	<input type="text"/>	PER YEAR	10-11/

A. When was that?

FROM		
<input type="text"/>	<input type="text"/>	12-15/
Mo	Yr	
TO		
<input type="text"/>	<input type="text"/>	16-19/
Mo	Yr	

63-7. When you smoke cigarettes, how deeply do you usually inhale? Would you say:

As deeply into the chest as possible.....	1	20/
Only partly into the chest.....	2	
As far back as the throat.....	3	
Well back into the mouth, or.....	4	
Just puff and don't really draw it in at all....	5	
DON'T KNOW.....	8	

SKIP TO Q.63-14, P.143

FORMER CIGARETTE SMOKER SECTION

63-8. How long has it been since you smoked cigarettes fairly regularly (RECORD NUMBER)

ENTER DAYS: <input type="text"/>	21-22/
OR WEEKS: <input type="text"/>	23-24/
OR MONTHS: <input type="text"/>	25-26/
OR YEARS: <input type="text"/>	27-28/
NEVER SMOKED REGULARLY.....(SKIP TO Q.63-14).....	29/

63-9. On the average, about how many cigarettes a day were you smoking at that time?

INTERVIEWER: IF R ANSWERS BY GIVING NUMBER OF PACKS OF CIGARETTES, RECORD VERBATIM. THEN MULTIPLY THE NUMBER OF PACKS BY 20 AND ENTER THE NUMBER OF CIGARETTES SMOKED.

ENTER NUMBER OF CIGARETTES PER DAY: <input type="text"/>	30-31/
(IF NOT EVERY DAY:) # <input type="text"/>	32-33/
OR	
(IF NOT EVERY DAY:) # <input type="text"/>	34-35/

63-10. How long had you been smoking (NUMBER IN Q.63-9) (cigarettes per day/per week/per month)?

Less than 2 years.....	01	36-37/
2-5 years.....	02	
6-10 years.....	03	
11-15 years.....	04	
16-20 years.....	05	
21-25 years.....	06	
26-30 years.....	07	
31-35 years.....	08	
36-40 years.....	09	
More than 40 years.....	10	38-57/R

HAND
CARD
R

63-11. What type of cigarettes were they?

CODE ONE NUMBER

A. Filter tip or.....1 58/
Non-filter tip?.....2

CODE ONE NUMBER

B. Regular size.....1 59/
King size or.....2
100 Millimeter?.....3 60/R

63-12. During the period when you were smoking the most heavily on a regular basis, about how many cigarettes did you usually smoke in a day?

ENTER NUMBER: PER DAY 61-62/
(IF NOT EVERY DAY:) # PER MONTH 63-64/
OR
(IF NOT EVERY DAY:) # PER YEAR 65-66/

A. When was that?

FROM

 67-70/
Mo Yr

TO

 71-74/
Mo Yr

63-13. When you smoked cigarettes, how deeply did you usually inhale? Would you say:

As deeply into the chest as possible.....1 75/
Only partly into the chest.....2
As far back as the throat.....3
Well back into the mouth, or.....4
Just puff and don't really draw it in at all....5
DON'T KNOW.....8

HAND
CARD
I

CURRENT PIPE SMOKER SECTION

63-14. During your entire life, have you smoked at least as many as 50 pipefuls of tobacco?

Yes.....1 76/
No.(SKIP TO Q.63-25, P.146)..2

63-15. Do you now smoke a pipe?

Yes.....1 77/
No.(SKIP TO Q.63-20, P.144)..2

63-16. About how many average sized pipefuls of tobacco do you usually smoke in a day?

ENTER NUMBER OF PIPEFULS OF TOBACCO PER DAY: 78-79/
(IF NOT EVERY DAY:) # PER MONTH BEGIN DECK 53
OR
(IF NOT EVERY DAY:) # PER YEAR 10-11/
12-13/

63-17. For how many years have you been smoking (NUMBER IN Q.63-16) (pipefuls per day/per month/per year)?

Less than 2 years.....01 14-15/
2-5 years.....02
6-10 years.....02
11-15 years.....03
16-20 years.....04
21-25 years.....05
26-30 years.....06
31-35 years.....08
36-40 years.....09
More than 40 years.....10

HAND
CARD
R

63-18. During the period when you were smoking the most heavily, about how many pipefuls of tobacco did you usually smoke in a day?

ENTER NUMBER: PER DAY 16-17/
 (IF NOT EVERY DAY:) # PER MONTH 18-19/
 OR
 (IF NOT EVERY DAY:) # PER YEAR 20-21/

A. When was that?

FROM

 Mo Yr 22-25/
 TO

 Mo Yr 26-29/

63-19. When you smoke a pipe, how deeply do you usually inhale? Would you say:

As deeply into the chest as possible.....1 30/
 Only partly into the chest.....2
 As far back as the throat.....3
 Well back into the mouth, or.....4
 Just puff and don't really draw it in at all....5
 DON'T KNOW.....6

HAND
CARD
T

(SKIP TO Q.63-25, P.146)

FORMER PIPE SMOKER SECTION

63-20. How long has it been since you smoked a pipe fairly regularly?
 (RECORD NUMBER)

ENTER DAYS: 31-32/
 OR WEEKS: 33-34/
 OR MONTHS: 35-36/
 OR YEARS: 37-38/
 NEVER SMOKED REGULARLY.....(SKIP TO Q.63-25).....1 39/

63-21. On the average, about how many pipefuls of tobacco a day were you smoking at that time?

ENTER NUMBER OF PIPEFULS OF TOBACCO PER DAY: 40-41/
 (IF NOT EVERY DAY:) # PER MONTH 42-43/
 OR
 (IF NOT EVERY DAY:) # PER YEAR 44-45/

63-22. For how long did you smoke (NUMBER IN Q.63-21) (pipefuls of tobacco per day/per week/per month)?

Less than 2 years.....01 46-47/
 2-5 years.....02
 6-10 years.....03
 11-15 years.....04
 16-20 years.....05
 21-25 years.....06
 26-30 years.....07
 31-35 years.....08
 36-40 years.....09
 40 or more years.....10 48-56/R

HAND
CARD
R

63-23. During the period when you were smoking the most heavily on a regular basis, about how many pipefuls of tobacco did you usually smoke in a day?

ENTER NUMBER: PER DAY 57-58/
 (IF NOT EVERY DAY:) # PER MONTH 59-60/
 OR
 (IF NOT EVERY DAY:) # PER YEAR 61-62/

A. When was that?

FROM

 Mo Yr 63-66/
 TO

 Mo Yr 67-70/

63-24. When you smoked a pipe, how deeply did you usually inhale? Would you say:

- As deeply into the chest as possible.....1 71/
 Only partly into the chest.....2
 As far back as the throat.....3
 Well back into the mouth, or.....4
 Just puff and don't really draw it in at all....5
 DON'T KNOW.....8

HAND
CARD
T

CURRENT CIGAR SMOKER SECTION

63-25. During your entire life have you smoked at least as many as 50 cigars?

- Yes.....1 72/
 No.....(SKIP TO Q.63-38).....2

63-26. Do you now smoke cigars?

- Yes.....1 73/
 No.....(SKIP TO Q.63-32).....2

63-27. On average, about how many cigars a day do you now smoke?

- ENTER NUMBER OF CIGARS PER DAY: 74-75/
 (IF NOT EVERY DAY:) PER MONTH 76-77/
 OR
 (IF NOT EVERY DAY:) PER YEAR 78-79/

63-28. For how many years have you been smoking (# in Q.63-27) cigars per day/per month/per year)?

- Less than 2 years.....01 10-11/
 2-5 years.....02
 6-10 years.....03
 11-15 years.....04
 16-20 years.....05
 21-25 years.....06
 26-30 years.....07
 31-35 years.....08
 36-40 years.....09
 More than 40 years.....10

HAND
CARD
R

63-29. During the period when you were smoking the most heavily on a regular basis, about how many cigars did you usually smoke in a day.

- ENTER NUMBER PER DAY 12-13/
 (IF NOT EVERY DAY:) PER MONTH 14-15/
 OR
 (IF NOT EVERY DAY:) PER YEAR 16-17/

A. When was that?

- FROM
 18-21/
 Mo Yr
 TO
 22-25/
 Mo Yr

63-30. When you smoke cigars, how deeply do you usually inhale? Would you say:

As deeply into the chest as possible.....1 26/
 Only partly into the chest.....2
 As far back as the throat.....3
 Well back into the mouth, or.....4
 Just puff and don't really draw it in at all....5
 DON'T KNOW.....8

HAND
CARD
I

63-31. What type of cigars do you usually smoke?

CODE ONE NUMBER
 Filter tip or.....1 27/
 Non-filter tip?.....2

FORMER CIGAR SMOKER SECTION

28/R

63-32. How long has it been since you smoked cigars fairly regularly?

ENTER DAYS: 29-30/
 OR WEEKS: 31-32/
 OR MONTHS 33-34/
 OR YEARS 35-36/
 NEVER SMOKED REGULARLY.....(SKIP TO Q.63-38).....1 37/

63-33. On the average, about how many cigars a day were you smoking at that time?

ENTER NUMBER OF CIGARS PER DAY: 38-39/
 (IF NOT EVERY DAY:) # PER MONTH 40-41/
 OR
 (IF NOT EVERY DAY:) # PER YEAR 42-43/

63-34. For how long did you smoke (NUMBER PER DAY IN Q.63-33) cigars per day?

Less than 2 years.....01 44-45/
 2-5 years.....02
 6-10 years.....03
 11-15 years.....04
 16-20 years.....05
 21-25 years.....06
 26-30 years.....07
 31-35 years.....08
 36-40 years.....09
 More than 40 years.....10 46-54/R

63-35. What type of cigars did you usually smoke just before you stopped smoking cigars regularly?

CODE ONE NUMBER
 Filter tip or.....1 55/
 Non-filter tip?.....2 56/R

63-36. During the period when you were smoking the most on a regular basis, about how many cigars did you usually smoke in a day?

ENTER NUMBER: PER DAY 57-58/
 (IF NOT EVERY DAY:) # PER MONTH 59-60/
 OR
 (IF NOT EVERY DAY:) # PER YEAR 61-62/

A. When was that?

FROM

 Mo Yr 63-66/
 TO

 Mo Yr 67-70/

63-37. When you smoked a cigar, how deeply did you usually inhale? Would you say:

	As deeply into the chest as possible.....1	71/
<u>HAND CARD T</u>	Only partly into the chest.....2	
	As far back as the throat.....3	
	Well back into the mouth, or.....4	
	Just puff and don't really draw it in at all.....5	
	DON'T KNOW.....8	

ASK EVERYONE

63-38. INTERVIEWER: DOES R CURRENTLY HAVE A SPOUSE OR PARTNER? (IS ANY "NO" CODED IN SECTION 5: Qs.2, P.25; Q.6c, P.31; or Q.8c, P.34).

YES.....1	72/
NO....(SKIP TO Q.63-40)....2	

63-39. Does your (spouse/partner) smoke regularly any of the following? Does she/he smoke. . . . ?

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	
Cigarettes	1	2	8	73/
Cigars	1	2	8	74/
Pipe	1	2	8	75/

63-40. Approximately how much smoke is there in the air in your home?

A lot.....1	76/
A little.....2	
None....(SKIP TO Q.63-42)....3	

63-41. Approximately how many hours a week are you exposed to this smoke in your home?

10 hours or less.....1	77/
11 to 15 hours.....2	
16 to 20 hours.....3	
21 to 25 hours.....4	
26 or more hours.....5	

63-42. INTERVIEWER: DOES R WORK? (IS "YES" CODED AT SEC 2, Q.4, P.5 OR "CURRENT JOB" CODED AT SEC 3, Q.1F, P.8?)

BEGIN DECK 55

Yes.....1	10/
No....(SKIP TO Q.64)....2	

A. Approximately how much smoke is there in the air in the transportation you take to and from work for example, your car, the train, the bus, etc.?

A lot.....1	11/
A little.....2	
None....(SKIP TO Q.63-44)....3	

63-43. Approximately how many hours a week are you exposed to this smoke?

10 hours or less.....1	12/
11 to 15 hours.....2	
16 to 20 hours.....3	
21 to 25 hours.....4	
26 or more hours.....5	

13-14/R

63-44. Approximately how much smoke is there in the air where you work?

A lot.....1	15/
A little.....2	
None.....(SKIP TO Q.64)....3	

63-45. Approximately how many hours a week are you exposed to this smoke?

- | | |
|------------------------|-----|
| 10 hours or less.....1 | 16/ |
| 11 to 15 hours.....2 | |
| 16 to 20 hours.....3 | |
| 21 to 25 hours.....4 | |
| 26 or more hours.....5 | |

HAND
CARD
V

END OF SMOKING INTERVAL QUESTIONS

ASK ALL RESPONDENTS

64. Have you been arrested for a felony since (DATE OF LAST INTERVIEW)?

Yes.....1 21/

No.....(SKIP TO Q.65).....2

A. Have you ever been convicted of a felony since (DATE OF LAST INTERVIEW)?

Yes.....1 22/

No.....(SKIP TO Q.65).....2

B. How many felonies have you been convicted of?

ENTER NUMBER: 23-24/

C. What month and year were you convicted of (this/your first) felony?

25-28/
Mo Yr

D. On what charge were you convicted?

_____ 29-30/

E. INTERVIEWER: HAS R EVER BEEN CONVICTED OF A SECOND FELONY? (IS # IN Q.64B EQUAL TO 2 OR MORE?)

Yes.....1 31/

No..(SKIP TO Q.65, P.155)...2

F. What month and year were you convicted of this second felony?

32-35/
Mo Yr

G. On what charge were you convicted?

_____ 36-37/

64. (Continued)

H. INTERVIEWER: HAS R EVER BEEN CONVICTED OF A THIRD FELONY? (IS # IN Q.64B EQUAL TO 3 OR MORE?)

Yes....(GO TO NEW QUES).....1 38/
No.....2

Next, I'd like some information about drinking alcoholic beverages.

65. Have you had any alcoholic beverages, including beer, wine, or liquor, since (DATE OF LAST INTERVIEW)?

Yes.....1 39/
No.....(SKIP TO P.163).....2

66. Since (DATE OF LAST INTERVIEW) have you had a drink of beer?

Yes.....1 40/
No.....(SKIP TO Q.72, P.157).....2

67. How long has it been since your last drink of beer?

Today.....01 41-42/
1-7 days ago.....02
8-14 days ago.....03
15-30 days ago.....04
1 month ago.....05
2-3 months ago.....06
4-6 months ago.....07
7-12 months ago.....08
More than 1 year ago.....09

HAND
CARD
Z

68. As you think back over the period of time between (DATE OF LAST INTERVIEW) and now, about how many cans or bottles of beer would you drink on a typical day when you drank beer?

ENTER NUMBER OF CANS OR BOTTLES: 43-44/

69. Again, thinking back over the period of time between (DATE OF LAST INTERVIEW) and now, about how regularly did you drink beer? PROBE IF NECESSARY: It's sometimes hard to remember. Just give me your best guess.

More often than once a day.....01 45-46/

Every day.....02

5 or 6 days a week.....03

3 or 4 days a week.....04

1 or 2 days a week.....05

Less often than once a week.....06

IF CANNOT DECIDE: Don't know.....98

HAND
CARD
AA

70. How large were the cans or bottles that you usually drank?

Standard 12 oz. cans or bottles.....1 47/

16 oz. (half quart) cans or bottles...2

32 oz. (full quart) cans or bottles...3

Less than 12 oz. cans or bottles.....4

More than 32 oz. cans or bottles.....5

Don't drink cans or bottles of beer...6

HAND
CARD
BB

71. During the last 12 months that you drank since (DATE OF LAST INTERVIEW), how often did you have 8 or more cans of beer in a single day, that means 3 quarts or more?

Every day or nearly every day.....01 48-49/

3-4 times a week.....02

Once or twice a week.....03

1-3 times a month.....04

7-11 times a year.....05

3-6 times a year.....06

Once or twice a year.....07

Never.....08

HAND
CARD
CC

72. Since (DATE OF LAST INTERVIEW) have you had a drink of wine?

Yes.....1 50/

No....(SKIP TO Q.77).....2

73. How long has it been since your last drink of wine?

Today.....01 51-52/

1-7 days ago.....02

8-14 days ago.....03

15-30 days ago.....04

1 month ago.....05

2-3 months ago.....06

4-6 months ago.....07

7-12 months ago.....08

More than 1 year ago.....09

HAND
CARD
Z

74. As you think back over the period of time between (DATE OF LAST INTERVIEW) and now, about how many glasses/bottles of wine would you drink on a typical day when you drank wine?

3 or more bottles.....1 53/

2 bottles.....2

About 1 bottle (7 - 8 wine glasses).....3

5 - 6 wine glasses (3 water glasses).....4

3 - 4 wine glasses (2 water glasses).....5

1 - 2 wine glasses (1 water glass).....6

54/R

75. Again, thinking back over the period of time between (DATE OF LAST INTERVIEW) and now, about how regularly did you drink wine? PROBE IF NECESSARY: It's sometimes hard to remember. Just give me your best guess.

HAND
CARD
AA

More often than once a day.....1 55/
Every day.....2
5 or 6 days a week.....3
3 or 4 days a week.....4
1 or 2 days a week.....5
Less often than once a week.....6
IF CANNOT DECIDE: Don't know.....8

76. During the last 12 months that you drank since (DATE OF LAST INTERVIEW), how often did you have 8 or more glasses of wine in a single day (more than a fifth)?

HAND
CARD
CC

Every day or nearly every day.....01 56-57/
3-4 times a week.....02
Once or twice a week.....03
1-3 times a month.....04
7-11 times a year.....05
3-6 times a year.....06
Once or twice a year.....07
Never.....08

77. Since (DATE OF LAST INTERVIEW) have you had a drink containing liquor, such as whiskey, vodka, gin, brandy, etc.?

Yes.....1 58/
No...(SKIP TO Q.83, P.160)...2

78. How long has it been since your last drink of hard liquor?

HAND
CARD
Z

Today.....01 59-60/
1-7 days ago.....02
8-14 days ago.....03
15-30 days ago.....04
1 month ago.....05
2-3 months ago.....06
4-6 months ago.....07
7-12 months ago.....08
More than 1 year ago.....09

79. As you think back over the period of time between (DATE OF LAST INTERVIEW) and now, about how many drinks of hard liquor would you drink on a typical day in which you drank hard liquor? 1 BOTTLE = 17 DRINKS

ENTER NUMBER OF DRINKS: 61-62/

80. Again, thinking back over the period of time between (DATE OF LAST INTERVIEW) and now, about how regularly did you drink hard liquor? PROBE IF NECESSARY: It's sometimes hard to remember. Just give me your best guess.

HAND
CARD
AA

More often than once a day.....1 63/
Every day.....2
5 or 6 days a week.....3
3 or 4 days a week.....4
1 or 2 days a week.....5
Less often than once a week.....6
IF CANNOT DECIDE: Don't know.....8

81. About how many ounces of hard liquor are there in the drinks that you usually drink?

One ounce (one shot).....1 64/
 1.5 ounces (one jigger).....2
 2 ounces (2 shots).....3
 3 ounces (2 jiggers or 3 shots).....4
 4 ounces (4 shots).....5
 5 or more ounces (3 or more jiggers).....6
 Don't know.....8

HAND
CARD
DO

82. During the last 12 months that you drank since (DATE OF LAST INTERVIEW), how often did you have 8 or more drinks of hard liquor in a single day, that is a half pint or more?

Every day or nearly every day.....01 65-66/
 3-4 times a week.....02
 Once or twice a week.....03
 1-3 times a month.....04
 7-11 times a year.....05
 3-6 times a year.....06
 Once or twice a year.....07
 Never.....08

HAND
CARD
CC

83. Have you had a drink of beer, wine or hard liquor in the last 12 months?

Yes.....1 67/
 No.....(SKIP TO P.163).....2

84. About how often during the past 12 months did you drink enough to feel high -- (that is, happier or more carefree than usual, maybe a little flushed or dizzy,) but not drunk, for more than 24 hours in a row?

5 or more times.....01 68-69/
 4 times.....02
 3 times.....03
 2 times.....04
 Once.....05
 Never in the past year, but
 sometime before that.....06
 Never in my life.....07

HAND
CARD
EE

85. Now I would like to ask you some questions about experiences that many people have had with drinking. During the past year. . .

	Yes	No
A. Have you felt aggressive or angry while drinking?.....1	2	70/
B. Have you gotten into a heated argument while drinking?..1	2	71/
C. Have you gotten into a fight while drinking?.....1	2	72/
D. Have you deliberately tried to cut down or quit drinking, but didn't manage to do so?.....1	2	73/
E. Were you afraid you might be an alcoholic or that you might become one?.....1	2	74/
F. Once you started drinking, was it difficult for you to stop before you became completely intoxicated?.....1	2	75/
G. Have you awakened the next day not being able to remember things you had done while drinking?.....1	2	76/
H. Have you often taken a drink the first thing when you got up in the morning?.....1	2	77/
I. Have your hands shaken a lot the morning after drinking?.....1	2	78/
J. Have you sometimes gotten drunk when drinking by yourself?.....1	2	79/
K. Have you sometimes kept on drinking after promising yourself not to?.....1	2	80/

86. INTERVIEWER: HAS R WORKED THE PAST YEAR?

YES...(ASK A THROUGH E).....1 10/

NO...(SKIP TO Q.87).....2

During the past year:

	<u>Yes</u>	<u>No</u>
A. Have you stayed away from work because of a hangover?.....1	2	11/
B. Have you gotten drunk when on the job?.....1	2	12/
C. Have you lost a job, or nearly lost one, because of drinking?.....1	2	13/
D. Has drinking led to your quitting a job?.....1	2	14/
E. Has drinking hurt your chances for promotion or raises or a better job?.....1	2	15/

87. When you were growing up, do you think your father drank occasionally, drank frequently, had a drinking problem, or didn't he drink?

Drank occasionally.....1 16/
 Drank frequently.....2
 Had a drinking problem.....3
 Didn't drink.....4
 DON'T KNOW.....8

88. When you were growing up, do you think your mother drank occasionally, drank frequently, had a drinking problem, or didn't she drink?

Drank occasionally.....1 17/
 Drank frequently.....2
 Had a drinking problem.....3
 Didn't drink.....4
 DON'T KNOW.....8

Lifetime Drinking History

Now I am going to ask you questions about your drinking history. I'd like to start with the year that you first began drinking regularly (i.e. at least once a month), and work forward to the present. Please give me information as accurately as you can about what type of beverage you were drinking, how much, and how often.

A-H 1. First Stage

A H 1.1 To begin I'm going to ask you about your drinking pattern during the first year that you began to have at least one drink per month. How old were you when you began regular drinking? (RECORD THE AGE ON THE ANSWER SHEET)

Type

A H 1.2 What types of beverages would you usually consume in an average month? About what percentage of your drinking would be . . . ? (RECORD THE RELATIVE PERCENTAGES OF BEER, LIQUOR OR WINE. THIS SECTION SHOULD ADD UP TO 100%)

Quantity

A H 1.3 When you drank how much did you usually drink?

One drink (approximately) = 12 oz. Beer
 = 1.5 oz. Liquor (40% alcohol)
 = 5 oz. Wine
 = 3 oz. Fortified Wine (e.g. Sherry)
 = 17 ml. Absolute alcohol
 = 13.6 g. Absolute alcohol

(RECORD THE AVERAGE NUMBER OF DRINKS PER DRINKING DAY)

A H 1.4 What is the most or maximum number of drinks you would have in any one day?

(RECORD THE MAXIMUM NUMBER OF DRINKS. NOTE, THIS IS THE MAXIMUM NUMBER THAT THE PERSON ACTUALLY WOULD DRINK, NOT AN ESTIMATE OF HIS POTENTIAL CAPACITY)

Frequency

A H 1.5 How many days per month would you generally drink at this level, that is, the level and or average number of drinks? (RECORD THE NUMBER OF DAYS UNDER THE FREQUENCY HEADING)

Style

A N 1.6 How would you rate your usual style of drinking in an average month? Was it . . .? (CHECK APPROPRIATE CATEGORY FROM)

- Blank = Abstinent
- 1 = Occasional (less than 15 days)
- 2 = Weekends mainly
- 3 = Binge (at least 3 days heavy drinking)
- 4 = Frequent (15 or more per month)

Life Events

A N 1.7 Did any important event or events occur during this period that altered your usual drinking habits? (EXAMPLES ARE LOSS OF SPOUSE, UNEMPLOYMENT, PRISON TERM, HOSPITALIZATION. RECORD THESE EVENTS BY CIRCLING THE APPROPRIATE CODE NUMBER. IF NO IMPORTANT EVENT OCCURRED THAT INFLUENCED THE PERSON'S DRINKING BEHAVIOR, THEN LEAVE THIS SECTION BLANK)

A N 1.8 What was your perception of this event? Would you say that it had a positive (desirable equal to "+"), negative (undesirable equal to "-") or neutral (no) effect on your life? (IF THE PERSON SAID IT WAS NEUTRAL, THEN LEAVE BLANK)

Context

A N 1.9 What percentage of the time would you drink alone, and what percentage of the time with at least one other person? (RECORD THE APPROPRIATE VALUES BESIDE ALONE AND WITH OTHERS. THIS SECTION SHOULD ADD UP TO 100%)

Time

A N 1.10 During what time of the day would you do most of your drinking? Could you give us the percentage of time during the evening, afternoon and morning? (RECORD THE APPROPRIATE VALUES BESIDE MORNING, AFTERNOON AND EVENING. THIS SECTION SHOULD ADD TO 100%)

A N 2. Subsequent Phases

A N 2.1 We have just discussed your drinking habits at the point when you first began to drink regularly. Now I want you to think of when your drinking behavior was different in a significant way from this time. This could be the next 6 months or perhaps 1 or 5 years. Can you think of any events in your life that changed and may have altered your drinking habits (increased/decreased) at any time in your life? Events such as attending high school, college, enlisting, Vietnam, deaths in family, change of jobs. (ESTABLISH WHEN THE PERSON'S DRINKING BEHAVIOR FIRST CHANGED IN A SIGNIFICANT WAY FROM THAT RECORDED UNDER FIRST STAGE. SINCE THIS DRINKING HISTORY IS AIMED AT MAJOR TRENDS, SOME JUDGMENT WILL BE NECESSARY IN DIFFERENTIATING IMPORTANT FROM MINOR CHANGES IN DRINKING PATTERNS. FILL IN THE AGE RANGE WHEN THE BEHAVIOR CHANGED UNDER SECOND STAGE, AND REPEAT THE QUESTIONS FOR FREQUENCY, QUANTITY, TYPE, STYLE, LIFE EVENTS, CONTEXT, AND TIME)

A N 2.2 PROBE FURTHER INTO THE PERSON'S HISTORY TO NOTE CHANGES IN DRINKING BEHAVIOR. MAKE SURE THAT ALL THE YEARS ARE COVERED FROM THE YEAR WHEN THE INDIVIDUAL FIRST STARTED DRINKING ON A REGULAR BASIS (AT LEAST ONCE A MONTH) TO HIS PRESENT AGE. AFTER CONDUCTING THE INTERVIEW, CARE SHOULD BE TAKEN TO ENSURE THAT ALL SECTIONS ARE COMPLETE AND THAT THE AGE RANGE RUNS IN A CHRONOLOGICAL SEQUENCE WITH NO OVERLAP OR AGE GAPS.

EXAMPLE: Participant started drinking at 16. He drank very little for 4 years. At 20, he drank a lot more and more liquor than beer. He did this for 10 years. At age 30, he quit drinking. He is 42 years old. The age range would be:

First Stage:	From 16 to 20
Second:	From 20 to 30
Third:	From 30 to present, 42 years old.

ANMER SHEET

LIFETIME DRINKING HISTORY

WEIGHT LB OZ FT INDATE DAY MONTH YEAR 10-23/# OF PHASES 32-33/ WEIGHT KG HEIGHT CM

	1.1	1.2	1.3/1.4	1.5	1.6	1.7/1.8	1.9	1.10	
	AGE RANGE Younger to Older	TYPE S	QUANTITY Drinks/ Occasion	FREQUENCY Days/Month	STYLE (Circle One)	LIFE EVENTS OR CHANGES Positive (+) or Negative (-)	CONTEXT S	TIME S	
FIRST STAGE	BEGIN DECK 57 From <u>10-13/</u>	Beer <u>10-26/</u>	Average <u>27-30/</u>		1. Occasional	1 Family	7 Financial	Along <u>46-48/</u>	Morning <u>52-54/</u>
	To <u>14-15/</u>	Liquor <u>21-23/</u>	Maximum <u>29-30/</u>	<u>31-32/</u>	2. Weekend	2 Work	8 Peer Group	With <u>46-48/</u>	Afternoon <u>55-57/</u>
SECOND	BEGIN DECK 58 From <u>10-13/</u>	Beer <u>10-26/</u>	Average <u>27-30/</u>		1. Occasional	1 Family	7 Financial	Along <u>46-48/</u>	Morning <u>52-54/</u>
	To <u>14-15/</u>	Liquor <u>21-23/</u>	Maximum <u>29-30/</u>	<u>31-32/</u>	2. Weekend	2 Work	8 Peer Group	With <u>46-48/</u>	Afternoon <u>55-57/</u>
THIRD	BEGIN DECK 59 From <u>10-13/</u>	Beer <u>10-26/</u>	Average <u>27-30/</u>		1. Occasional	1 Family	7 Financial	Along <u>46-48/</u>	Morning <u>52-54/</u>
	To <u>14-15/</u>	Liquor <u>21-23/</u>	Maximum <u>29-30/</u>	<u>31-32/</u>	2. Weekend	2 Work	8 Peer Group	With <u>46-48/</u>	Afternoon <u>55-57/</u>

1oz = .1 2oz = .2 3oz = .3 4oz = .4 5oz = .5 6oz = .6 7oz = .7 8oz = .8 9oz = .9 10oz = 1.0

1 Drink (approx.) = 12 oz. beer
1-1/2 oz. liquor
5 oz. wine
5 oz. fortified wine
15.6 g absolute alcohol

Liquor: 1 shot (1.5 oz) = 3 Drinks
1 bottle (25 oz) = 17 Drinks
Wine: 1 bottle (25 oz) = 5 Drinks
1 bottle fortified = 8 Drinks

DECKS 60-62

ANMER SHEET (Continued)

LIFETIME DRINKING HISTORY

	1.1	1.2	1.3/1.4	1.5	1.6	1.7/1.8	1.9	1.10	
	AGE RANGE Younger to Older	TYPE S	QUANTITY Drinks/ Occasion	FREQUENCY Days/Month	STYLE (Circle One)	LIFE EVENTS OR CHANGES Positive (+) or Negative (-)	CONTEXT S	TIME S	
FOURTH	BEGIN DECK 60 From <u>10-13/</u>	Beer <u>10-26/</u>	Average <u>27-30/</u>		1. Occasional	1 Family	7 Financial	Along <u>46-48/</u>	Morning <u>52-54/</u>
	To <u>14-15/</u>	Liquor <u>21-23/</u>	Maximum <u>29-30/</u>	<u>31-32/</u>	2. Weekend	2 Work	8 Peer Group	With <u>46-48/</u>	Afternoon <u>55-57/</u>
FIFTH	BEGIN DECK 61 From <u>10-13/</u>	Beer <u>10-26/</u>	Average <u>27-30/</u>		1. Occasional	1 Family	7 Financial	Along <u>46-48/</u>	Morning <u>52-54/</u>
	To <u>14-15/</u>	Liquor <u>21-23/</u>	Maximum <u>29-30/</u>	<u>31-32/</u>	2. Weekend	2 Work	8 Peer Group	With <u>46-48/</u>	Afternoon <u>55-57/</u>
SIXTH	BEGIN DECK 62 From <u>10-13/</u>	Beer <u>10-26/</u>	Average <u>27-30/</u>		1. Occasional	1 Family	7 Financial	Along <u>46-48/</u>	Morning <u>52-54/</u>
	To <u>14-15/</u>	Liquor <u>21-23/</u>	Maximum <u>29-30/</u>	<u>31-32/</u>	2. Weekend	2 Work	8 Peer Group	With <u>46-48/</u>	Afternoon <u>55-57/</u>

1oz = .1 2oz = .2 3oz = .3 4oz = .4 5oz = .5 6oz = .6 7oz = .7 8oz = .8 9oz = .9 10oz = 1.0

1 Drink (approx.) = 12 oz. beer
1-1/2 oz. liquor
5 oz. wine
5 oz. fortified wine
15.6 g absolute alcohol

Liquor: 1 shot (1.5 oz) = 3 Drinks
1 bottle (25 oz) = 17 Drinks
Wine: 1 bottle (25 oz) = 5 Drinks
1 bottle fortified = 8 Drinks

Now I am going to ask you some questions about using alcohol.

89. Has there ever been a period of two weeks when every day you were drinking 7 or more beers, 7 or more drinks of hard liquor or 7 or more glasses of wine?

Yes.....(ASK A).....1 10/

No....(SKIP TO Q.90).....2

- A. How long has it been since you drank that much or do you still?
CODE MOST RECENT TIME POSSIBLE

Still or within last 2 weeks.....1 11/

Within last month.....2

Within last 6 months.....3

Within last year.....4

More than 1 year ago.....5

90. Has there ever been a couple of months or more when at least one evening a week, you drank 7 drinks, or 7 bottles of beer or 7 glasses of wine?

Yes.....(ASK A).....1 12/

No.....(SKIP TO Q.91).....2

- A. How long has it been since you drank 7 or more drinks at least once a week, or do you still?
CODE MOST RECENT TIME POSSIBLE

Still or within last 2 weeks.....1 13/

Within last month.....2

Within last 6 months.....3

Within last year.....4

More than 1 year ago.....5

- B. IF MORE THAN 1 YEAR AGO: How old were you then?

AGE

14-15/

ADDITIONAL SHEET (CONTINUOUS)
LIFETIME DRINKING HISTORY

DECKS 63-64

EIGHTH		SEVENTH		SIXTH		FIFTH		FOURTH		THIRD		SECOND		FIRST	
AGE RANGE Beginner to Older	TYPE S	QUANTITY Drinks/ Bottles/ Glasses	FREQUENCY Days/Week	STYLE (Circle One)	LIFE EVENTS OR CHANGES Positive (+) or Negative (-)	CONTEXT S	TIME S	AGE RANGE Beginner to Older	TYPE S	QUANTITY Drinks/ Bottles/ Glasses	FREQUENCY Days/Week	STYLE (Circle One)	LIFE EVENTS OR CHANGES Positive (+) or Negative (-)	CONTEXT S	TIME S
From 16-17/	Beer 16-17/	Average 27-30/	1-2/	1. Domestic 2. Imported 3. Other 4. Frequent 5. Rare	1 Family 2 Birth 3 School 4 Medical 5 Religious 6 Legal-Adult 7 Financial 8 Parent-Child 9 Divorce 10 Marriage 11 Death 12 Other	Alone 40-51/ With Others 52-57/ T = 1005	16-17/	From 16-17/	Beer 16-17/	Average 27-30/	1-2/	1. Domestic 2. Imported 3. Other 4. Frequent 5. Rare	1 Family 2 Birth 3 School 4 Medical 5 Religious 6 Legal-Adult 7 Financial 8 Parent-Child 9 Divorce 10 Marriage 11 Death 12 Other	Alone 40-51/ With Others 52-57/ T = 1005	16-17/
From 18-19/	Liquor 18-19/	Average 27-30/	1-2/	1. Domestic 2. Imported 3. Other 4. Frequent 5. Rare	1 Family 2 Birth 3 School 4 Medical 5 Religious 6 Legal-Adult 7 Financial 8 Parent-Child 9 Divorce 10 Marriage 11 Death 12 Other	Alone 40-51/ With Others 52-57/ T = 1005	18-19/	From 18-19/	Liquor 18-19/	Average 27-30/	1-2/	1. Domestic 2. Imported 3. Other 4. Frequent 5. Rare	1 Family 2 Birth 3 School 4 Medical 5 Religious 6 Legal-Adult 7 Financial 8 Parent-Child 9 Divorce 10 Marriage 11 Death 12 Other	Alone 40-51/ With Others 52-57/ T = 1005	18-19/
From 20-21/	Wine 20-21/	Average 27-30/	1-2/	1. Domestic 2. Imported 3. Other 4. Frequent 5. Rare	1 Family 2 Birth 3 School 4 Medical 5 Religious 6 Legal-Adult 7 Financial 8 Parent-Child 9 Divorce 10 Marriage 11 Death 12 Other	Alone 40-51/ With Others 52-57/ T = 1005	20-21/	From 20-21/	Wine 20-21/	Average 27-30/	1-2/	1. Domestic 2. Imported 3. Other 4. Frequent 5. Rare	1 Family 2 Birth 3 School 4 Medical 5 Religious 6 Legal-Adult 7 Financial 8 Parent-Child 9 Divorce 10 Marriage 11 Death 12 Other	Alone 40-51/ With Others 52-57/ T = 1005	20-21/
From 22-23/	Other 22-23/	Average 27-30/	1-2/	1. Domestic 2. Imported 3. Other 4. Frequent 5. Rare	1 Family 2 Birth 3 School 4 Medical 5 Religious 6 Legal-Adult 7 Financial 8 Parent-Child 9 Divorce 10 Marriage 11 Death 12 Other	Alone 40-51/ With Others 52-57/ T = 1005	22-23/	From 22-23/	Other 22-23/	Average 27-30/	1-2/	1. Domestic 2. Imported 3. Other 4. Frequent 5. Rare	1 Family 2 Birth 3 School 4 Medical 5 Religious 6 Legal-Adult 7 Financial 8 Parent-Child 9 Divorce 10 Marriage 11 Death 12 Other	Alone 40-51/ With Others 52-57/ T = 1005	22-23/

1 Drink (approx.) = 12 oz. beer
1-1/2 oz. wine
3 oz. distilled wine
1.5 oz. distilled alcohol

Liquor: 1 shot (1.5 oz.) = 1 Drink
1 bottle (75 oz.) = 17 Drinks
Wine: 1 bottle (75 oz.) = 5 Drinks
1 bottle fortified = 6 Drinks

91. Have you ever told a doctor about a problem you had with drinking?
- Yes.....1 16/
No.....2
-
92. Have friends, your doctor, your clergyman, or any other professional ever said you were drinking too much for your own good?
- Yes.....1 17/
No.....2
-
93. Have you ever wanted to stop drinking but couldn't?
- Yes.....1 18/
No.....2
-
94. Some people promise themselves not to drink before 5 o'clock or never to drink alone, in order to control their drinking. Have you ever done anything like that?
- Yes.....1 19/
No.....2
-
95. Did you ever need a drink just after you had gotten up (that is, before breakfast)?
- Yes.....1 20/
No.....2
-
96. Have you ever had job or school troubles because of drinking -- like missing too much work or drinking on the job or at school?
- Yes.....1 21/
No.....2
-
97. Did you ever lose a job or get kicked out of school on account of drinking?
- Yes.....1 22/
No.....2

98. Have you ever gotten into trouble driving because of drinking -- like having an accident or being arrested for drunk driving?
- Yes.....1 23/
No.....2
-
99. Have you ever been arrested or held at the police station because of drinking or for disturbing the peace while drinking?
- Yes.....1 24/
No.....2
-
100. Have you ever gotten into physical fights while drinking?
- Yes.....1 25/
No.....2
-
101. Have you ever gone on binges or benders, where you kept drinking for a couple of days or more without sobering up?
- Yes.....(ASK A and B).....1 26/
No.....(SKIP TO Q.102).....2
- A. Did you neglect some of your usual responsibilities then?
- Yes.....1 27/
No.....2
- B. How many times have you gone on binges or benders that lasted at least a couple of days?

☐ ☐ ☐
of Benders

28-29/

INTERVIEWER: IF R SAYS 96 OR MORE, CODE 96 AND GO TO Q.102
IF R SAYS "DON'T KNOW" ASK Q.C

- C. Was it just once or more often than that?
- Just once.....(RECORD 01 ABOVE)
More than once.....(RECORD 95 ABOVE)
Still Don't Know.....(RECORD 98 ABOVE)

102. Have you ever had blackouts while drinking, that is, where you drank enough so that you couldn't remember the next day what you had said or done?

Yes.....1 30/
No.....2

103. Have you ever had "the shakes" after stopping or cutting down on drinking (for example, your hands shake so that your coffee rattles in the saucer or you have trouble lighting a cigarette)?

Yes.....(GO TO Q.104).....1 31/
No.....(ASK A).....2

- A. Have you ever had fits or seizures after stopping or cutting down on drinking?

YES.....(GO TO Q.104).....1 32/
NO.....(ASK B).....2

- B. Have you ever had the DT's (hallucinations and fever) when you quit drinking?

Yes.....(GO TO Q.104).....1 33/
No.....(ASK C).....2

- C. Have you ever seen or heard things that weren't really there after cutting down on drinking?

Yes.....1 34/
No.....2

104. There are several health problems that can result from long stretches of pretty heavy drinking. Did drinking ever cause you to have . . . ?
CODE ALL THAT APPLY.

A. liver disease or yellow jaundice.....1 35/
B. vomiting blood or other stomach troubles.....2 36/
C. trouble with tingling in the limbs.....3 37/
D. memory troubles when you haven't been drinking (not blackouts).....4 38/
E. inflammation of your pancreas or pancreatitis.....5 39/

105. Have you ever continued to drink when you knew you had a serious physical illness that might be made worse by drinking?

Yes.....1 40/
No.....2

106. Has there ever been a period in your life when you could not do your ordinary daily work well unless you had something to drink?

Yes.....1 41/
No.....2

Now I am going to ask you about possible sleep problems.

- 107a. Would you please look at this card and tell me if you have any of these sleep problems now. Other than on this trip, do you routinely have sleep problems such as . . . (READ A-L)?

- b. IF YES TO ANY SLEEP PROBLEMS, ASK FOR EACH: How long have you had this problem? (CONVERT INTO MONTHS)

	a. CURRENT PROBLEM	b. HOW LONG MONTHS	c. PAST PROBLEM	
HAND CARD FF	A. Trouble falling asleep	1	<input type="text"/> <input type="text"/> <input type="text"/>	1 42-46/
	B. Waking up during the night	2	<input type="text"/> <input type="text"/> <input type="text"/>	2 47-51/
	C. Waking up too early and can't go back to sleep	3	<input type="text"/> <input type="text"/> <input type="text"/>	3 52-56/
	D. Waking up unrefreshed	4	<input type="text"/> <input type="text"/> <input type="text"/>	4 57-61/
	E. Involuntarily falling asleep during the day	5	<input type="text"/> <input type="text"/> <input type="text"/>	5 62-66/
	F. Great or disabling fatigue during the day	6	<input type="text"/> <input type="text"/> <input type="text"/>	6 67-71/
	G. Frightening dreams	7	<input type="text"/> <input type="text"/> <input type="text"/>	7 72-76/
	H. Talking in your sleep	8	<input type="text"/> <input type="text"/> <input type="text"/>	8 10-14/
	I. Sleepwalking	9	<input type="text"/> <input type="text"/> <input type="text"/>	9 15-19/
	J. Abnormal movement/activity during the night	10	<input type="text"/> <input type="text"/> <input type="text"/>	10 20-24/
	K. Sleep problems requiring medication	11	<input type="text"/> <input type="text"/> <input type="text"/>	11 25-29/
	L. Snore loudly in all sleeping positions	12	<input type="text"/> <input type="text"/> <input type="text"/>	12 30-34/
	M. IF NO CURRENT SLEEP PROBLEMS, CODE "1".....	1		35/

- c. IF NO TO ANY OF THESE PROBLEMS, ASK: Would you please look at this card and tell me if you have had any of these sleep problems in the past? CODE ALL THAT APPLY

IF NO PAST SLEEP PROBLEMS, CODE "1".....1 36/

IF R HAS/HAD ANY OF THE SLEEP PROBLEMS LISTED IN Q.107, ASK QS.
108-110. IF NOT, SKIP TO Q.111, P.174.

108. Did you consult a physician or other health care professional about
(READ EACH SLEEP PROBLEM GIVEN IN Q.107)?

	YES	NO	
RAND CARD FF A. Trouble falling asleep	1	2	37/
B. Waking up during the night	1	2	38/
C. Waking up too early and can't go back to sleep	1	2	39/
D. Waking up unrefreshed	1	2	40/
E. Involuntarily falling asleep during the day	1	2	41/
F. Great or disabling fatigue during the day	1	2	42/
G. Frightening dreams	1	2	43/
H. Talking in your sleep	1	2	44/
I. Sleepwalking	1	2	45/
J. Abnormal movement/activity during the night	1	2	46/
K. Sleep problems requiring medication	1	2	47/
L. Snore loudly in all sleeping positions	1	2	48/

109. Did you take medication to relieve (READ EACH SLEEP PROBLEM GIVEN IN
Q.107)?

	YES	NO	
A. Trouble falling asleep	1	2	49/
B. Waking up during the night	1	2	50/
C. Waking up too early and can't go back to sleep	1	2	51/
D. Waking up unrefreshed	1	2	52/
E. Involuntarily falling asleep during the day	1	2	53/
F. Great or disabling fatigue during the day	1	2	54/
G. Frightening dreams	1	2	55/
H. Talking in your sleep	1	2	56/
I. Sleepwalking	1	2	57/
J. Abnormal movement/activity during the night	1	2	58/
K. Sleep problems requiring medication	1	2	59/
L. Snore loudly in all sleeping positions	1	2	60/

110. Did (READ EACH SLEEP PROBLEM GIVEN IN Q.107, P.172) interfere with
your life?

	YES	NO	
A. Trouble falling asleep	1	2	61/
B. Waking up during the night	1	2	62/
C. Waking up too early and can't go back to sleep	1	2	63/
D. Waking up unrefreshed	1	2	64/
E. Involuntarily falling asleep during the day	1	2	65/
F. Great or disabling fatigue during the day	1	2	66/
G. Frightening dreams	1	2	67/
H. Talking in your sleep	1	2	68/
I. Sleepwalking	1	2	69/
J. Abnormal movement/activity during the night	1	2	70/
K. Sleep problems requiring medication	1	2	71/
L. Snore loudly in all sleeping positions	1	2	72/

111. On the average, how many hours do you sleep per night?

HOURS

73-74/

SECTION 9: RECREATION, LEISURE, AND PHYSICAL ACTIVITIES

Now we would like you to answer some questions about your leisure time activities.

10-17/R

1. Have you ever participated three or more times in (READ EACH ITEM)?

	Yes	No	
Scuba diving	1	2	18/
Auto, boat, or motorcycle racing	1	2	19/
Skydiving	1	2	20/
Mountain climbing	1	2	21/
Hang gliding	1	2	22/
Plane racing or plane acrobatics, not including flight training or any assignments for the Armed Forces	1	2	23/
Surf board riding	1	2	24/
Sailing long distance in small sailing craft	1	2	25/
Skating fast down a high mountain slope	1	2	26/
			27/R

SECTION 10: TOXIC SUBSTANCES

1. Have any of the recreation, leisure, and/or physical activities you've participated in since (DATE OF LAST INTERVIEW) brought you in contact with any of the following substances . . .

FOR EACH SUBSTANCE CODED YES, ASK A THROUGH D.

A
Since (DATE OF LAST INTERVIEW), in what month and year did your recreation, leisure and/or physical activities first bring you in contact with (SUBSTANCE)?

B
Since (DATE OF LAST INTERVIEW), for how many years did you continue come in contact with (SUBSTANCE)?

asbestos?.....1	2	28/	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> MONTH YEAR </div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <div style="text-align: right; margin-top: 5px;">years</div>	
		28/		29-32/	33-3
industrial chemicals?.....1	2	22/	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> MONTH YEAR </div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <div style="text-align: right; margin-top: 5px;">years</div>	
		23/		36-39/	40-4
insecticides or pesticides?.....1	2	26/	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> MONTH YEAR </div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <div style="text-align: right; margin-top: 5px;">years</div>	
		27/R		43-46/	47-4
degreasing chemicals?.....1	2	49/	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> MONTH YEAR </div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <div style="text-align: right; margin-top: 5px;">years</div>	
				50-53/	54-5
defoliants or herbicides?.....1	2	56/	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> MONTH YEAR </div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <div style="text-align: right; margin-top: 5px;">years</div>	
				57-60/	61-6
X-ray or nuclear radiation?.....1	2	63/	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> MONTH YEAR </div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <div style="text-align: right; margin-top: 5px;">years</div>	
				64-67/	68-6

1. (Continued)

-177-

DECKS 57-64

-178-

DECK 54

C

Since (DATE OF LAST INTERVIEW), how many days per year did you come in contact with (SUBSTANCE)?

D

On the days you came in contact with (SUBSTANCE) how often did you use protective clothing or gear or wash to remove (SUBSTANCE)--all of the time, some of the time, or never?

E

Which of the following did you use?

HAND
CARD
E CODE ALL THAT APPLY.

SECTION 11: INCOME

Now I have some questions about your income.

1. Please tell me which letter on this card best represents the total household income in 1986 before taxes or other deductions for all people in your household, not including roomers. This amount should include wages, net income from business, interest, dividends, pensions, and any other money income. Tell me the letter that comes closest.

65/R

- A. \$5,000 - \$9,999.....01
- B. \$10,000 - \$14,999.....02
- C. \$15,000 - \$19,999.....03
- D. \$20,000 - \$24,999.....04
- E. \$25,000 - \$29,999.....05
- F. \$30,000 - \$34,999.....06
- G. \$35,000 - \$39,999.....07
- H. \$40,000 - \$44,999.....08
- I. \$45,000 - \$49,999.....09
- J. \$50,000 - \$54,999.....10
- K. \$55,000 - \$59,999.....11
- L. \$60,000 - \$64,999.....12
- M. \$65,000 - \$69,999.....13
- N. \$70,000 - \$74,999.....14
- O. \$75,000 - \$79,999.....15
- P. \$80,000 - \$84,999.....16
- Q. \$85,000 - \$89,999.....17
- R. \$90,000 - \$94,999.....18
- S. \$95,000 - \$99,999.....19
- T. \$100,000 or more.....20

66-67/

HAND
CARD
CG

	73/		13/		24/		35/		46/		57/
70-72/ [] [] [] DAYS	All of the time.(ASK E)...1		All of the time.(ASK E)...1		All of the time.(ASK E)...1		All of the time.(ASK E)...1		All of the time.(ASK E)...1		All of the time.(ASK E)...1
	Some of the time.(ASK E)...2		Some of the time.(ASK E)...2		Some of the time.(ASK E)...2		Some of the time.(ASK E)...2		Some of the time.(ASK E)...2		Some of the time.(ASK E)...2
	Never.....3		Never.....3		Never.....3		Never.....3		Never.....3		Never.....3
BEGIN DECK 68											
10-12/ [] [] [] DAYS											
21-23/ [] [] [] DAYS											
32-34/ [] [] [] DAYS											
43-45/ [] [] [] DAYS											
54-56/ [] [] [] DAYS											

air filter.....1	74/	air filter.....1	14/	air filter.....1	25/	air filter.....1	36/	air filter.....1	47/	air filter.....1	58/
goggles.....2	75/	goggles.....2	15/	goggles.....2	26/	goggles.....2	37/	goggles.....2	48/	goggles.....2	59/
face shield.....3	76/	face shield.....3	16/	face shield.....3	27/	face shield.....3	38/	face shield.....3	49/	face shield.....3	60/
special clothing.....4	77/	special clothing.....4	17/	special clothing.....4	28/	special clothing.....4	39/	special clothing.....4	50/	special clothing.....4	61/
washing facilities.....5	78/	washing facilities.....5	18/	washing facilities.....5	29/	washing facilities.....5	40/	washing facilities.....5	51/	washing facilities.....5	62/
Self contained or supplied		Self contained or supplied		Self contained or supplied		Self contained or supplied		Self contained or supplied		Self contained or supplied	
air breathing apparatus...6	79/	air breathing apparatus...6	19/	air breathing apparatus...6	30/	air breathing apparatus...6	41/	air breathing apparatus...6	52/	air breathing apparatus...6	63/
None.....0	80/	None.....0	20/	None.....0	31/	None.....0	42/	None.....0	53/	None.....0	64/

A-92

2. Did you earn any income from any job during 1986? Do not include income from retirement plans or pensions.

Yes.....(ASK A).....1 68/

No.....(SKIP TO Q.3).....2

A. In which of these groups did your earnings from jobs in 1986 fall -- that is, before taxes or other deductions? Tell me the letter that come closest.

A. \$5,000 - \$9,999.....01 69-70/

B. \$10,000 - \$14,999.....02

C. \$15,000 - \$19,999.....03

D. \$20,000 - \$24,999.....04

E. \$25,000 - \$29,999.....05

F. \$30,000 - \$34,999.....06

G. \$35,000 - \$39,999.....07

H. \$40,000 - \$44,999.....08

I. \$45,000 - \$49,999.....09

J. \$50,000 - \$54,999.....10

K. \$55,000 - \$59,999.....11

L. \$60,000 - \$64,999.....12

M. \$65,000 - \$69,999.....13

N. \$70,000 - \$74,999.....14

O. \$75,000 - \$79,999.....15

P. \$80,000 - \$84,999.....16

Q. \$85,000 - \$89,999.....17

R. \$90,000 - \$94,999.....18

S. \$95,000 - \$99,999.....19

T. \$100,000 or more.....20

HAND
CARD
CC

3. INTERVIEWER:

71-74/

RECORD
TIME
ENDED

AM
PM

A-93

A-94

1. Indicate whether the participant's child has a learning disability, physical or motor impairment, mental impairment, cancer, or a birth defect by circling the appropriate number. If a child has more than one cancer, defect, or disability, fill out a Health Care Providers form for each health condition.
2. Column 1 refers to the physician(s) and medical facility that first diagnosed the child's condition. Record the facility name (i.e. name of university or hospital), building name, address, and the full names of up to two doctors who made the initial diagnosis.
3. In Column 2, write what the diagnosis is/was. Please provide a complete and accurate description of the child's condition.
4. In Column 2, record the date the doctor(s) first diagnosed the child's condition. Record the date that the child last visited a doctor about this condition.
5. Column 3 refers to the physician(s) and medical facility the child last visited about his/her health condition.
 - A. If the physician(s) visited most recently by the participant's child is/are the same as the physician(s) that made the initial diagnosis, then check the box in Column 3. Complete an Authorization Form. Go to next Health Care Providers form.
 - B. If the physician(s) visited most recently by the participant's child is/are not the same as for the initial diagnosis, do not check the box. Record facility name, building name, address, and the full names of up to two doctors who last saw the child. Complete an Authorization Form. Go to next Health Care Providers form.
6. Complete a Health Care Providers form for each cancer, birth defect, or disability that each of the participant's child(ren) has/have.
7. If the physician(s) and/or medical facility are the same in Columns 1 and 3, to reduce the amount of writing you have to do, please write SAME AS 45-A, if appropriate.

[illegible]

29	DATE OF BIRTH	30	DATE OF BIRTH
----	---------------	----	---------------

Is (DATE OF BIRTH) correct or disability last reported on a learning disability, physical or other impairment, mental impairment, sensory, or birth defect?

Is (DATE OF BIRTH) correct or disability last reported on a learning disability, physical or other impairment, mental impairment, sensory, or birth defect?

Learning disability.....
 Physical or other impairment.....
 Mental impairment.....
 Sensory.....
 Birth defect.....

QUESTION 1: What is the name and address of the student facility and service(s) that is/are described (questioned) the child's sensory, physical, or other disability?

31-A NAME OF THE FACILITY: _____
 31-B ADDRESS: _____
 31-C CITY: _____ STATE: _____ ZIP CODE: _____
 31-D FACILITY TYPE: _____
 31-E FACILITY NAME: _____

Is (DATE OF BIRTH) correct or disability last reported on a learning disability, physical or other impairment, mental impairment, sensory, or birth defect?

Learning disability.....
 Physical or other impairment.....
 Mental impairment.....
 Sensory.....
 Birth defect.....

QUESTION 2: What is the name and address of the student facility and service(s) that is/are described (questioned) the child's sensory, physical, or other disability?

31-A NAME OF THE FACILITY: _____
 31-B ADDRESS: _____
 31-C CITY: _____ STATE: _____ ZIP CODE: _____
 31-D FACILITY TYPE: _____
 31-E FACILITY NAME: _____

Is (DATE OF BIRTH) correct or disability last reported on a learning disability, physical or other impairment, mental impairment, sensory, or birth defect?

Learning disability.....
 Physical or other impairment.....
 Mental impairment.....
 Sensory.....
 Birth defect.....

QUESTION 3: What is the name and address of the student facility and service(s) that is/are described (questioned) the child's sensory, physical, or other disability?

31-A NAME OF THE FACILITY: _____
 31-B ADDRESS: _____
 31-C CITY: _____ STATE: _____ ZIP CODE: _____
 31-D FACILITY TYPE: _____
 31-E FACILITY NAME: _____

Is (DATE OF BIRTH) correct or disability last reported on a learning disability, physical or other impairment, mental impairment, sensory, or birth defect?

Learning disability.....
 Physical or other impairment.....
 Mental impairment.....
 Sensory.....
 Birth defect.....

Participant
Medical Authorization
Form Instructions



DEPARTMENT OF THE AIR FORCE
USAF SCHOOL OF AEROSPACE MEDICINE (AFSC)
BROOKS AIR FORCE BASE, TEXAS 78235

Participant Medical
Authorization Form

How to Use the Medical Authorization Form

It is very important that the participant signs all requested Medical Authorization Forms. By signing the Authorization Form, the participant grants Air Force Health Study physicians and researchers permission to review past medical records.

When should an Authorization Form be filled out?

*Complete an Authorization Form for each doctor that has seen the participant or his/her child(ren).

*If both participant and child(ren) have seen the same doctor, fill out a separate Authorization Form for each of them.

*If the participant or child(ren) have seen the same doctor for more than one health condition, fill out one Authorization Form for each patient, listing all the conditions.

1. Patient's Name: Print the name of the person whose medical records are being authorized for review.
2. Social security number: of the person whose medical records are being authorized for review. If person has no social security number, then leave blank.
3. Name of Doctor, Name of Facility, and Address of Facility: that saw the patient.
4. Condition: Space is provided for four conditions (diagnoses).
5. Date of Medical Care: Write in the date when the doctor listed last saw participant or child for this condition.
6. Witness: Signature and date of signature of an adult person other than participant who can attest to the fact that participant has completed and signed this form for the release of medical information.
7. Signature: By signing on this line, the participant authorizes Air Force Health Study physicians and researchers to review past medical records for understanding possible health effects of service in Southeast Asia during the Vietnam conflict. Medical records cannot be reviewed without an authorizing signature.
8. Case ID: Write the 6-digit case ID number of the Vietnam veteran associated with the patient, from the cover of the questionnaire.

AFTER COMPLETING AUTHORIZATION FORMS, CONTINUE FILLING OUT QUESTIONNAIRE.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Patient's Name: _____

Social Security Number: _____ - _____ - _____

Name of Doctor: _____

Name of Facility: _____

Address of Facility: _____

Condition: _____ Date of Medical Care: _____

Condition: _____ Date of Medical Care: _____

Condition: _____ Date of Medical Care: _____

Condition: _____ Date of Medical Care: _____

The United States Air Force, under the direction of the White House, is currently conducting a study of Air Force personnel exposed to the complex environment of Southeast Asia. Part of this study examines the past medical history of Vietnam veterans and their families.

As a participant in this study, medical information is needed to validate data which was provided during a personal interview, self-administered questionnaire, and/or physical examination. The data will be maintained in compliance with the Privacy Act of 1974. No individually recognizable data will be released. Only statistical aggregate data will be released to the U.S. Congress and to the U.S. Public.

You are hereby authorized and requested to release the complete clinical record to:

USAFSAM/EXEO
Brooks AFB TX 78235
Attn: Mr. Vince Elequin

The authorization is null and void 120 days after the date signed below without expressed revocation, although it may be revoked by the undersigned at any time except to the extent that action has been taken in reliance thereon.

Witness: _____ Date Signed: _____

Signature: _____ Date Signed: _____

Case ID#: _____

AFTER COMPLETING AUTHORIZATION FORMS, CONTINUE FILLING OUT QUESTIONNAIRE

INTERVIEWER REMARKS

INTERVIEWER: Please complete these remarks as soon as you have finished the questionnaire.

1. Length of the interview:

(Section I. p.1 through Section II)

MINUTES

75-77/

2. Date of the interview:

MONTH DAY YEAR

10-15/

BEGIN DECK 69

3. Race of Respondent:

White.....1

16/

Black.....2

Other.....3

4. In general, what was the respondent's attitude toward the interview?

Friendly and interested.....1

17/

Cooperative but not particularly interested.....2

Impatient and restless.....3

Hostile.....4

5. In general, was the respondent's understanding of the questions....

Good?.....1

18/

Fair?.....2

Poor?.....3

6. List the questions that confused, angered, or caused discomfort to the respondent or questions that you feel the respondent did not answer truthfully. EXPLAIN.

NONE.....0

19/

SECTION

QUESTION

A. 20-21/ 22-26/

B. 27-28/ 29-33/

C. 34-35/ 36-40/

Describe Problem: 41/

7. List questions with skip errors, questions that were confusing to you, or questions that otherwise didn't work. EXPLAIN

NONE.....0

42/

SECTION

QUESTION

A. 43-44/ 45-49/

B. 50-51/ 52-56/

C. 57-58/ 59-63/

Describe Problem: 64/

8. Please record your interviewer ID #: 65-70/

9. Please sign your name:

BEGIN DECK 70

10. PRINT THE RESPONDENT'S FULL NAME:

FIRST MIDDLE 10-39

LAST 40-59